

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32605**  
1080  
Registrar's No. **1080**

FILED OCT 29 1951

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>		
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>26 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		<b>0117</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>517 Kentucky St.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>MINNIE</b>		b. (Middle) <b>A.</b>	c. (Last) <b>BARNES</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>10 22 1951</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1-20-1892</b>	9. AGE (In years last birthday) <b>59</b>	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Prairie City, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Joseph Frogge</b>		13b. MOTHER'S MAIDEN NAME <b>Louisa Wright</b>		14. NAME OF HUSBAND OR WIFE <b>Jessa R. Barnes</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Jessa R. Barnes, 517 Kentucky</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumo-pneum.</b>					<b>4 days</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES				
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (b) _____				
	DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. <b>Sub. med. ?</b>				<b>?</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Myeloma chr</b>				20. AUTOPSY? <b>491X</b>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>10/20</b> , 19 <b>51</b> , to <b>10/22</b> , 19 <b>51</b> ; that I last saw the deceased alive on <b>10/22</b> , 19 <b>51</b> , and that death occurred at <b>4:00P</b> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Frank W. Nardigan MD</b>		23b. ADDRESS <b>620 Francis St.</b>		23c. DATE SIGNED <b>10/23/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-24-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>		
DATE REC'D BY LOCAL REG <b>Oct 24, 1951</b>	REGISTRAR'S SIGNATURE <b>Carl C. Casler</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John B. [unclear]</b>	ADDRESS <b>6054 Plover Ave St. Joseph, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or ~~by~~

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 3986

P. O. Address St Joseph

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.