

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2155

FILED MAR 24 1952

BIRTH NO. REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 112

00130

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

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Schuyler	
b. CITY (If outside corporate limits, write RURAL and give town) KIRKSVILLE		c. CITY (If outside corporate limits, write RURAL and give township) QUEEN CITY	
c. LENGTH OF STAY (In this place) 5 days		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Grinnell Mem. Hosp.			
3. NAME OF DECEASED a. (First) SAM		b. (Middle) NEWTON	
c. (Last) BARNES		4. DATE OF DEATH (Month) (Day) (Year) MAR 19 1952	
5. SEX MALE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH April 23 1871
9. AGE (In years last birthday) 80		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Schuyler Co. O		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JAMES N. BARNES		13b. MOTHER'S MAIDEN NAME OLIVE BARNES	
14. NAME OF HUSBAND OR WIFE MRS SARAH ELLEN BARNES		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS S N BARNES	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Following Flu DUE TO (c) — II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiovascular renal disease	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 481X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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 2-15-52 , 19 52 , to 3-19-52 , 19 52 , that I last saw the deceased alive on 3-19-52 , 19 52 and that death occurred at 6:45 A.M. , from the causes and on the date stated above.	
23a. SIGNATURE George E. Grim M.D.		23b. ADDRESS KIRKSVILLE MO	
23c. DATE SIGNED 3-19-52		24. LOCATION (City, town, or county) (State) LANCASTER MO	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 21, 52	
24c. NAME OF CEMETERY OR CREMATORY BARNES C.E.M.		24d. DATE REC'D BY LOCAL REG. 3-20-52	
REGISTRAR'S SIGNATURE Walter Lambert		25. FUNERAL DIRECTOR'S SIGNATURE Wesley R. Neal	
ADDRESS 1		ADDRESS LANCASTER MO	

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.

Student Embalmer No.

Signed

Everett R. Head

Signed.....

Student Embalmer

Licensed Embalmer No. 4038

P. O. Address Lancaster, Mo.

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.