

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38267

State File No.

NOV 17 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2002 Registrar's No. 1009

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2150 N. Lyon</u>		d. STREET ADDRESS (If rural, give location) <u>2150 N. Lyon</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SUSIE</u>	b. (Middle) <u>SALLY</u>	c. (Last) <u>BARNEBY</u>	4. DATE OF DEATH <u>November 12 1952</u> (Month) (Day) (Year)
--	-------------------------	--------------------------	--------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>26 Jan. 1886</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Mins.
----------------------	-------------------------------	---	--------------------------------------	---	----------------------------------	-----------------------------------

10a. USUAL OCCUPATION (Other kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	--	---

13a. FATHER'S NAME <u>James Bothurn</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Mayfield</u>	14. NAME OF HUSBAND OR WIFE <u>Asa Barneby</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Barneby</u>	ADDRESS <u>Springfield, Mo.</u>
---	-----------------------------------	--	---------------------------------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>18 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis of Carotid</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

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) (Min.)	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 12-21- 19 51 to 11-12- 19 52, that I last saw the deceased alive on 11-12- 19 52, and that death occurred at 6:50 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul C. Merton</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1630 W. Jefferson</u>	23c. DATE SIGNED <u>11-13-52</u>
--------------------------------------	-------------------------------	---------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-15-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Camp Ground Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stoutland Mo.</u>
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. <u>11-14-52</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.W. KLINGNER & CO.</u>	ADDRESS <u>SPRINGFIELD, MO.</u>
--	---	---	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

1396
1
See. Place for

MAR 27 1958

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Max Rhodes

Licensed Embalmer No. *4071*

P. O. Address *Springfield*

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.