No. 300
10.48

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

FILED JAN 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42096

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1320

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 75 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodist Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
d. STREET ADDRESS (If rural, give location): 1822 Jones St.

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3. NAME OF DECEASED (Type or Print)
a. (First): DELIA
b. (Middle):
c. (Last): BARNES

4. DATE OF DEATH (Month) (Day) (Year): Dec. 21, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 20, 1859
9. AGE (In years last birthday): 94 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Detroit, Mich.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Schubert
13b. MOTHER'S MAIDEN NAME: Delia Sink
14. NAME OF HUSBAND OR WIFE: Joseph Barnes, Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Pearl Shroyer, St. Joseph — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Scalp wound — 4 days
DUE TO (c) Arterio sclerosis — Not aware

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
E9020
21
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP): St. Joseph — (COUNTY): Buchanan — (STATE): Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 16, 1953 12:30 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell off bed, struck head on table.

22. *I hereby certify that I attended the deceased from* Dec 19, 1953, *to* Dec 21, 1953, *that I last saw the deceased alive on* Dec 21, 1953, *and that death occurred at* 9:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Collis Poindy (Degree or title) M.D.
23b. ADDRESS: St. Joseph, Mo. Tri-State Bldg
23c. DATE SIGNED: Dec 22 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 24/53
24c. NAME OF CEMETERY OR CREMATORY: Ashland Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph Mo.

DATE REC'D BY LOCAL REG.: Dec 28, 1953
REGISTRAR'S SIGNATURE: Esther M. Allison
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Barry Funeral Home, St. Joe Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUL 17 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is r[redacted]ed 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 Victor J. Barry

Licensed Embalmer No. 4212

P. O. Address S T Joseph 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.