

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

DR. POSITION  
State File No. **8243**  
Registrar's No. **335**

BIRTH NO. FILED **APR 5 1954** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>HOWELL</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		c. LENGTH OF STAY (in this place) <b>7 DAYS</b>	c. CITY OR TOWN <b>WILLOW SPRINGS</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BURGE HOSP.</b>		e. STREET ADDRESS (If rural, give location) <b>ROUTE # 1 BOX # 15</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>WINDELL</b> b. (Middle) c. (Last) <b>BARNES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 30 1954</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>JULY 27 1940</b>	9. AGE (In years last birthday) <b>13</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during usual working life, even if retired) <b>STUDENT</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>MT. GROVE, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>ERNEST BARNES</b>	13b. MOTHER'S MAIDEN NAME <b>LETA PENER</b>	14. NAME OF HUSBAND OR WIFE <b>X</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ERNEST BARNES WILLOW SPRINGS, MO.</b>

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 <b>1/2 d.</b> <b>1/2 mo</b> <b>4 wks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Edema</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pan carditis</b> DUE TO (c) <b>Ac. Rheumatic Fever</b>		
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 <b>4013</b>	20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input 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) m.	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 **3-23, 1954**, to **3-30, 1954**, that I last saw the deceased alive on **3-30, 1954**, and that death occurred at **5:21A.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Urbau J. Busch MD</b>	23b. ADDRESS <b>609 Cherry Springfield Mo</b>	23c. DATE SIGNED <b>3-31-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>3/31/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ARARAT CEMETERY</b>
24d. LOCATION (City, town, or county) (State) <b>NEAR WILLOW SPRINGS, MO.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H.H. LOHMEYER SPRINGFIELD, MO.</b>
DATE REC'D BY LOCAL REG. <b>3-31-54</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *W. L. McCann*.....

Licensed Embalmer No. *272*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.