

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13006**

BIRTH NO. _____ REG. DIST. NO. **309** PRIMARY REG. DIST. NO. **6098** Registrar's No. **10**

0920
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) Rural (Callaway)	c. LENGTH OF STAY (in this place) 20 years	c. CITY (If outside corporate limits, write RURAL and give township) Rural (Callaway)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 miles South of Foristell		d. STREET ADDRESS (If rural, give location) 4 miles south of Foristell, Mo.	

3. NAME OF DECEASED (Type or Print) Jordan	a. (First) Jordan	b. (Middle) R.	c. (Last) Barnes	4. DATE OF DEATH (Month) April (Day) 11 (Year) 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 21, 1886	9. AGE (In years) 68 IF UNDER 1 YEAR Months 11 Days 20 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (City and State or Foreign Country) St. Charles Co, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Willis Barnes	13b. MOTHER'S MAIDEN NAME Alice Barnes	14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Effie Banks
		ADDRESS Palmyra, Missouri

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr Myocarditis		5 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial Asthma		10 yrs
DUE TO (c) Hypertension		10 yrs	
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 **Sept 8, 1945**, to **April 11, 1955**, that I last saw the deceased alive on **about 2/10, 1955**, and that death occurred at **9:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE F. C. Johnson M.D.	(Degree or title)	23b. ADDRESS Northville Mo	23c. DATE SIGNED 4/13/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 14, 1955	24c. NAME OF CEMETERY OR CREMATORY Rock Cemetery	24d. LOCATION (City, town, or county) (State) Flint Hill, Mo.
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DATE REC'D BY LOCAL REG April 17/55	REGISTRAR'S SIGNATURE Mark F. [Signature]	408	25. FUNERAL DIRECTOR'S SIGNATURE Morris Murchany	ADDRESS Foristell, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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 *Howard O Kessler*

Licensed Embalmer No. *4631*

P. O. Address *Wentzville, 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.