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FILED NOV 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33793**

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 152

1. PLACE OF DEATH
a. COUNTY **Jasper**
b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN **Webb City**
c. LENGTH OF STAY (In this place) **14 Yrs.**
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **6 S. Liberty**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri**
b. COUNTY **Jasper**
c. CITY OR TOWN **Webb City**
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) **6 S. Liberty**

3. NAME OF DECEASED
a. (First) **Jesse**
b. (Middle) **M.**
c. (Last) **Barnes**

4. DATE OF DEATH (Month) (Day) (Year)
Oct. 23, 1955

5. SEX **Male**
6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Dec. 26, 1871**

9. AGE (In years last birthday) **83**
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) **DR. OF OPHTHALMOLOGY**

10b. KIND OF BUSINESS OR INDUSTRY **Optometrist**

11. BIRTHPLACE (City and State or Foreign Country) **Popular Bluff, Mo.**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **John Barnes**

13b. MOTHER'S MAIDEN NAME _____

14. NAME OF HUSBAND OR WIFE **Viney Barnes**

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. _____

17. INFORMANT'S SIGNATURE OR NAME **Viney Barnes, 6 S. Liberty St. Webb City, Mo.**
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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Chronic Myocardial**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) **4222**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 yrs

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 2-8, 1955, to 10-23, 1955, that I last saw the deceased alive on 10-16, 1955, and that death occurred at 1:10A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **D. O. Gregory**

23b. ADDRESS **Webb City, Mo.**

23c. DATE SIGNED **10-24-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **10-26-55**

24c. NAME OF CEMETERY OR CREMATORY **Webb City Cemetery**

24d. LOCATION (City, town, or county) (State) **Webb City, Mo.**

DATE REC'D BY LOCAL REG. **10-26-55**

REGISTRAR'S SIGNATURE **Ms. Madeline Sauter**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Johnston-Arnce-Simpson, Webb City, Mo**

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

County File Number 85-10-173d
Date Filed OCT 31 1955

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 *Jack C. Simpson*
Licensed Embalmer No. 465

P. O. Address *Webb City*

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.