

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10. 48

FILED FEB 27 1956

BIRTH NO. _____ REG. DIST. NO. 34 PRIMARY REG. DIST. NO. 5117 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia - Rural - Cedar Tp.</u>		c. CITY OR TOWN <u>Columbia</u>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route k - Cedar Tp.</u>		e. STREET ADDRESS (If rural, give location) <u>1215 East Ash St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ROBERT</u>	b. (Middle) <u>WATSON</u>	c. (Last) <u>BARNES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 17, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 16, 1981</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Manager</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Manager</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Samuel Robt. Barnes</u>	13b. MOTHER'S MAIDEN NAME <u>Mollie E. Fortney</u>	14. NAME OF HUSBAND OR WIFE <u>Suella Ward Barnes</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>490-07-2402</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Robt. Watson Barnes</u>	ADDRESS <u>Columbia, Mo.</u>
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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>Minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Hemorrhage - Trauma</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Stroke</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Cedar Township</u> (COUNTY) <u>Boone</u> (STATE) <u>Mo.</u>
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21d. TIME OF INJURY <u>Feb. 17, 1956 2P</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Traction in gear crushed left thigh</u>
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22. I hereby certify that I attended the deceased from Coroner's Case, 1956, that I last saw the deceased alive on _____, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Mildred Burnett</u> (Degree or title) <u>Ms</u>	23b. ADDRESS <u>Columbia, Mo</u>	23c. DATE SIGNED <u>2/17/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-19-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 20, 1956</u>	REGISTRAR'S SIGNATURE <u>Mrs Mildred Burnett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker Funeral Service</u> ADDRESS <u>Columbia Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 12 1956

MAR 5 1956

MAY 14 1957

MAY 28 1956

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 *John Phillips*

Licensed Embalmer No. *489*

P. O. Address *Columbus, Ga.*

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.