No. 300
10.48

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

FILED JUL 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19811

BIRTH NO. _____ REG. DIST. NO. 33 PRIMARY REG. DIST. NO. 3010 Registrar's No. 785

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (in this place): 16yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1407 N. Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau Mo
d. STREET ADDRESS (If rural, give location): 1407 N Main Street 0164 0

3. NAME OF DECEASED (Type or Print)
a. (First): Ceryl
b. (Middle): O
c. (Last): Barnes

4. DATE OF DEATH (Month) (Day) (Year): July, 3, 1956.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept, 25. 1898
9. AGE (In years last birthday): 57 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saw Filer
10b. KIND OF BUSINESS OR INDUSTRY: CozierCont Corp
11. BIRTHPLACE (State or foreign country): Wyckcliffe Ky.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George Barnes
13b. MOTHER'S MAIDEN NAME: Minnie Wright
14. NAME OF HUSBAND OR WIFE: Floy Maag 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.: 505-07-4210
17. INFORMANT'S SIGNATURE OR NAME: FloyBarnes
ADDRESS: Cape Girardeau Mo

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) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 week.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio. renal. Vascular Disease — 7 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. B Hemiplegia — 6 years

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: 442X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NO
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* June, 1948, *to* July 3, 1956, *that I last saw the deceased alive on* July 3, 1956 *and that death occurred at* 11:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: K W Ashley (Degree or title) MD
23b. ADDRESS: Cape Girardeau Mo
23c. DATE SIGNED: 7-5-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/6/56
24c. NAME OF CEMETERY OR CREMATORY: Memoral Park Cemt
24d. LOCATION (City, town, or county) (State): Cape Girardeau Mo.

DATE REC'D BY LOCAL REG.: 7-11-56
REGISTRAR'S SIGNATURE: Elizabeth Summers Dep
25. FUNERAL DIRECTOR'S SIGNATURE: L L Hamon
ADDRESS: Cape Girardeau Mo

(Licensed Embalmer's Statement on Reverse Side)

4-5

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 L. L. Hamer

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.