

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35237

FILED OCT 16 1956

State File No.

BIRTH NO. 95978-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8770

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		a. STATE <u>ILLINOIS</u>	b. COUNTY <u>MADISON</u>
c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>GRANITE CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>DEACONNESS HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>2208 CLEVELAND BLVD.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN</u>	b. (Middle)	c. (Last) <u>BARNFIELD</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>SEPT. 21 1956</u>

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>11-9-1870</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>DENTIST</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ROCKWOOD, ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>JOHN BARNFIELD</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA DAWIN</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs CW Sheets</u>	ADDRESS <u>2215 N. Cleveland St. St. Louis, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma colon left.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 mos (?)</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with metastases to liver and distant lymph nodes</u>		
	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 <u>153X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 20, 1956 to Sept. 21, 1956, that I last saw the deceased alive on Sept 21, 1956, and that death occurred at 11:05P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Berkle Eck</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>508 N. Grand</u>	23c. DATE SIGNED <u>Sept 24, 56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>9-22-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET HILL</u>	24d. LOCATION (City, town, or county) (State) <u>EDWARDSVILLE, ILLINOIS</u>
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DATE REC'D BY LOCAL REG. <u>SEP 24 1956</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Mercer</u>	ADDRESS <u>Granite City, Ill</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

YS MAY 26 1960

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 *Charles E. Mercer*

Licensed Embalmer No. *2988*
P. O. Address *Granite 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.