

FILED FEB 11 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Schuyler</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirksville</b>		c. CITY OR TOWN <b>Lancaster</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Laughlin Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>980</b>	
3. NAME OF DECEASED (Type or print) First <b>EMMA</b> Middle <b>BARNES</b> Last <b>BARNES</b>		4. DATE OF DEATH <b>Feb. 1, 1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 27, 1868</b>
9. AGE (In years last birthday) <b>86</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min.	IF UNDER 24 HRS. Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>----</b>	11. BIRTHPLACE (City and state or country) <b>Schuyler Co. Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>?</b>	
14. MOTHER'S MAIDEN NAME <b>?</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>-----</b>	
16. SOCIAL SECURITY NO. <b>-----</b>		17. INFORMANT <b>1912 E Main</b> <b>Mrs. Hilda Barnes, Ottumwa, Iowa</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CIRCULATORY COLLAPSE</b> DUE TO (b) <b>GASTRIC HEMORRHAGE</b> DUE TO (c) <b>ULCER OF STOMACH (MALIGNANT?)</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>PNEUMAL EFFUSION - (MALIGNANT?) TISSUE REPT. DO NOT REMOVE</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 HOURS</b> <b>2 DAYS</b> <b>UNKNOWN</b>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour <b>a. m.</b> Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>1-30-57</b> to <b>2-1-57</b> and last saw her <sup>her</sup> <del>him</del> alive on <b>1-31-57</b> Death occurred at <b>1:26 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Carl Laughlin Jr</b> (Degree or title)		22b. ADDRESS <b>Kirksville, Mo</b>	
22c. DATE SIGNED <b>2-2-57</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>Feb. 2, 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Germania Cemetery</b>	
23d. LOCATION (City, town, or county) (State) <b>Schuyler Co. Missouri</b>		24. FUNERAL DIRECTOR ADDRESS <b>Davis &amp; Davis, Kirksville, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>2-2-1957</b>		26. REGISTRAR'S SIGNATURE <b>Dora W. Rathoff</b>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Robert B. Jarvis* .....

Licensed Embalmer No. 4219

P. O. Address Kirksville

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.