

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1688

FILED FEB 6 1957

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5588 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		c. CITY OR TOWN RFD	
c. LENGTH OF STAY (If this place) Life		d. Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD Sarsopie Mo		STREET ADDRESS (If rural, give location) Sarsopie Mo 0490	

3. NAME OF DECEASED (Type or Print) a. (First) Harvey W. Barnes b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 1-22-57		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 6-8-1892		9. AGE (In years last birthday) 64		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Lawrence Mo	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Wm Barnes		13b. MOTHER'S MAIDEN NAME Mary Woods	
14. NAME OF HUSBAND OR WIFE Bessie Barnes		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. 492-42-7712	
17. INFORMANT'S SIGNATURE OR NAME Bessie Barnes Sarsopie Mo		18. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sarcinoma		INTERVAL BETWEEN ONSET AND DEATH 3 mo.	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatous DUE TO (c) Adipocarcinoma of left wing with metastasis		Unknown	
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5-31, 1952, to 1-22, 1957, that I last saw the deceased alive on 1-20, 1957, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) H. T. Bradstone		23b. ADDRESS Sarsopie Mo		23c. DATE SIGNED 1-22-57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-24-57		24c. NAME OF CEMETERY OR CREMATORY Sarsopie Cem		24d. LOCATION (City, town, or county) (State) Sarsopie Mo	
DATE REC'D BY LOCAL REG. 1-23-57		REGISTRAR'S SIGNATURE E. M. Clinton		25. FUNERAL DIRECTOR'S SIGNATURE Jackson & Sons Sarsopie Mo		ADDRESS	

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

39-c

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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. 70 working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Wm K. Jackson

Licensed Embalmer No. 395

P. O. Address Sarasota

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.