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FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2148

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4870 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clearmont</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Elmo</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>Wallen Rest Home</u>		STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James Henry</u> b. (Middle) _____ c. (Last) <u>Barnes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan-18-1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug-7-1873</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>

13a. FATHER'S NAME <u>James Barnes</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Bowman</u>	14. NAME OF HUSBAND OR WIFE <u>Ross Barnes</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>X Colin Barnes</u> ADDRESS <u>Elmo, Missouri</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute circulatory failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		<u>minutes</u>
	DUE TO (b) <u>Coronary thrombosis & Myocardial Infarction</u>		
DUE TO (c) <u>Arteriosclerosis</u>		<u>years</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	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)
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 Aug. 20, 1956, to Jan. 18, 1957, that I last saw the deceased alive on Jan. 13, 1957, and that death occurred at 1:00 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Donald M. Hayes</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Elmo, Missouri</u>	23c. DATE SIGNED <u>1/23/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan-20-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Prairie</u>	24d. LOCATION (City, town, or county) (State) <u>Elmo Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1 28 57</u>	REGISTRAR'S SIGNATURE <u>Bess Holtz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Westboro, Mo</u> ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 A R Tucker, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No....4157..
Westboro, M
P. O. Address.....

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.