

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

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

7229

MAR 5 1957

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 4498 Registrar's No. 21

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Shelby</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethel, Mo.</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>		c. CITY OR TOWN <u>Bethel, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b <u>15 yrs</u>		d. STREET ADDRESS (If outside, give location)		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Lilith</u>		Middle <u>Evalene</u>		Last <u>Barnes</u>		Month <u>Feb.</u> Day <u>27</u> Year <u>1957</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>July, 6- 1882</u>	9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
100. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Shelby Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Buck Milan</u>				14. MOTHER'S MAIDEN NAME <u>Not known.</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs Ruby Jones Shelbyville, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)]							
PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Bronchial Pneumonia</u>						<u>Feb. 26 - 28</u>	
DUE TO (b) <u>Shingles Influenza</u>						<u>Feb 20 - 26</u>	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Paralyzing left side arthritis, arterio sclerosis</u>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <u>2</u>					
20c. TIME OF INJURY Hour <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u>							
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 <u>Feb 20</u> to <u>Feb 28</u> and last saw her/him alive on <u>Feb 27-1957</u> Death occurred at <u>2:00 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Glady Bauer M.D.</u> (Degree or title)				22b. ADDRESS <u>Shelbyville</u>		22c. DATE SIGNED <u>Mar. 1, 1957</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Mar. 2-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Salem, Cemetery.</u>		23d. LOCATION (City, town, or county) (State) <u>5mi. N E. of Plevana, Mo</u>	
24. FUNERAL DIRECTOR <u>C.W. Musgrove, Bethel, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>3-2-57</u>		26. REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	

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 Self, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Cummins

Licensed Embalmer No. 27

P. O. Address Bethel

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.