

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 21 1957

57 0 27 4 14  
STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <u>Barry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Monett</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Aurora</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. VICENT HOSPITAL</u>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>1015 JEFFERSON</u>
3. NAME OF DECEASED (Type or print) First <u>ELMER</u> Middle <u>REESE</u> Last <u>BARNER</u>			4. DATE OF DEATH <u>July 29-1957</u> Month <u>July</u> Day <u>29</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 11-1889</u>	9. AGE (In years last birthday) <u>68</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>dog Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (City and state or country) <u>Lawrence MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>
13. FATHER'S NAME <u>William R. Barner</u>			14. MOTHER'S MAIDEN NAME <u>Mark Hudson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>490-40-5722</u>	17. INFORMANT <u>Mrs. Mae Barner, Aurora MO</u> Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma - 9 Lungs</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					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"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
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>10-12-56</u> to <u>7-29-57</u> and last saw her alive on <u>7-29-57</u> Death occurred at <u>10:46</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Robert Barner MD</u> (Degree or title)			22b. ADDRESS <u>Monett MO</u>		22c. DATE SIGNED <u>7-30-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/31/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>		23d. LOCATION (City, town, or county) (State) <u>Aurora MO</u>	
24. FUNERAL DIRECTOR <u>Charles L. Marshburn</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>8-17-57</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. P.D. Cool</u>	

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 857-145

DATE REC. 8-19-57

REC'D  
AUG 21 1957

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 [Signature] Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 381

P. O. Address [Signature]

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.