

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.

FILED JAN 6 1958

STANDARD CERTIFICATE OF DEATH

46934

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 251

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		c. CITY OR TOWN Bethany	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR MISSOURI STATE INSTITUTION Missouri State School		d. STREET ADDRESS (If outside, give location) Harrison County Farm	
3. NAME OF DECEASED (Type or print) First Middle Last Crit Jasper Barnes		4. DATE OF DEATH Month Day Year Dec. 26, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-4-1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Patient in institution		11. BIRTHPLACE (City and state or country) Bethany, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Unrecorded		13b. MOTHER'S MAIDEN NAME Emma Barnes	14. NAME OF HUSBAND OR WIFE -----
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Mo. State School Records
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) No contributory cause known DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH Several years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4222			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 <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		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 February 15 1955 to December 26 1957 and last saw her alive on February 26 1957 Death occurred at 11:55 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Palmer Andrew Bowditch M.D.		22b. ADDRESS Marshall, Mo.	
		22c. DATE SIGNED 12-27-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-31-1957	
23c. NAME OF CEMETERY OR CREMATORY Mo. State School Cemetery		23d. LOCATION (City, town, or county) (State) Marshall MO	
24. FUNERAL DIRECTOR Hershberger Funeral Home, Marshall, Mo. By Harry Hershberger		25. DATE RECD. BY LOCAL REG. 12-31-57	
		26. REGISTRAR'S SIGNATURE Ceil G. Reed	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Joseph R. Mackler*

Licensed Embalmer No. *4571*
P. O. Address *Marshall, Am*

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.