

FILED JAN 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

651

STATE FILE NUMBER

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON City</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Des Moines</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Marys Hospital, 1 hr</u>		d. STREET ADDRESS <u>4417 Kingman Blvd.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>NORMAN</u> Last <u>BARNES</u>	4. DATE OF DEATH Month <u>Jan.</u> Day <u>9</u> Year <u>1958</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 5-1883</u>	9. AGE (In years last birthday) <u>75</u>	10. UNDER 1 YEAR Months <u>1</u> Days <u>4</u>	11. UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INSURANCE CONVERSION</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Life Insurance Johnson Co. Iowa</u>	11. BIRTHPLACE (City and state or country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Barnes</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Fitzsimmons</u>	14. NAME OF HUSBAND OR WIFE <u>Helen Barnes</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>482-10-9096</u>	17. INFORMANT Address <u>Mrs. Henry Norman Barnes Des Moines Iowa</u>
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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>acute coronary thrombosis</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hour not known</u>
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 _____ 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 1-9-58 to 1-9-58 and last saw him alive on 1-9-58
Death occurred at 9:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Carl L. Lloyd M.D.</u>	22b. ADDRESS <u>Jeff. City, Mo.</u>	22c. DATE SIGNED <u>1-9-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal & Burial</u>	23b. DATE <u>Jan 13-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Des Moines Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Des Moines Iowa</u>
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24. FUNERAL DIRECTOR <u>Victor Buescher</u>	ADDRESS <u>701 Mo 9 January 1958</u>	25. DATE RECD. BY LOCAL REG. <u>9 January 1958</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Norris, MD - MR</u>
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Licensed Embalmer's Statement on Reverse Side

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Victor Buesche*

Licensed Embalmer No. *3701*

P. O. Address *J.C.M.*

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.