

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

Star No. **58-022566**

FILED JUN 19 1958

REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **195**

0644

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. LENGTH OF STAY (in this place) 8 Hrs.	c. CITY OR TOWN Marceline
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Fernie b. (Middle) Francis c. (Last) Barnes		4. DATE OF DEATH (Month) (Day) (Year) 5 14 1958	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH March 16, 1894
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Wakenda, Mo.
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Asha Anderson		13b. MOTHER'S MAIDEN NAME Eva Hardin	14. NAME OF HUSBAND OR WIFE Harvey Barnes, Marceline
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. 488-22-475	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Paul Williams, Marceline, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage ANTECEDENT CAUSES Fractured skull <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? / YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) 102- (COUNTY) (STATE) Monroe City Shelby Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 14 1958 1P.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Passing another car, went over embankment
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:10 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Henry H. Luedke M.D. Coroner		23b. ADDRESS Hannibal Mo	23c. DATE SIGNED 5/26/58
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE 5/17/58	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet
24d. LOCATION (City, town, or county) (State) Marceline Mo.			
DATE REC'D BY LOCAL REG. 6-16-58		REGISTRAR'S SIGNATURE Dr. E. M. Lucke By W. J. ...	
25. FUNERAL DIRECTOR'S SIGNATURE H. M. O'Donnell		ADDRESS Hannibal, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JUN 18 1958

MARION CO. HEALTH DEPT.

DATE FILED JUN 18 1958

VS APR 23 1959

JUN 19 1958

VS JAN 6 1960

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..... *J M O'Donnell*

Licensed Embalmer No..... 3889

P. O. Address..... Hannibal, Mo

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.