

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040676

STATE FILE NUMBER

NOV 14 1958 Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 254

S. 300
1-57

Item of Cause of Death by query if possible
 USE ONLY BLACK INK OR RIBBON TYPEWRITER IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <i>Livingston</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Livingston</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Chillicothe</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Chillicothe</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>503 Elmdale</i>			Length of stay in 1b <i>26 years</i>		d. STREET ADDRESS (If outside, give location) <i>503 Elmdale</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>PRENTICE BARNES</i>				4. DATE OF DEATH Month Day Year <i>November 9, 1958</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>30 Dec 1890</i>		9. AGE (In years last birthday) <i>67</i>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Car Dealer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Chevrolet</i>		11. BIRTHPLACE (City and state or country) <i>Russelville, Kentucky</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13a. FATHER'S NAME <i>John B. Barnes</i>			13b. MOTHER'S MAIDEN NAME <i>Emma Lee</i>		14. NAME OF HUSBAND OR WIFE <i>Bernice Daves Barnes</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No Record</i>		17. INFORMANT Address <i>Ted C. Barnes: Chillicothe, Mo</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hodgkins Disease</i>						INTERVAL BETWEEN ONSET AND DEATH <i>16 months</i>	
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)	
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 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 <i>July 1956</i> to <i>Nov. 9, 1958</i> and last saw him alive on <i>Nov. 8, 1958</i> Death occurred at <i>four-thirty</i> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>William L. Fair, M.D.</i>				22b. ADDRESS <i>Chillicothe, Mo</i>		22c. DATE SIGNED <i>11/10/58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
<i>Burial</i>		<i>11-11-58</i>	<i>Edgewood</i>		<i>Chillicothe, Mo,</i>		
24. FUNERAL DIRECTOR ADDRESS <i>Norman Funeral Home</i> <i>Chillicothe, Missouri</i>			25. DATE RECD. BY LOCAL REG. <i>11-10-58</i>		26. REGISTRAR'S SIGNATURE <i>Frances B Neill</i>		

(Licensed Embalmer's Statement on Reverse Side)

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.

VS AUG 3 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 *Elton F. Norman*

Licensed Embalmer No. *4036*

P. O. Address *Chillicothe, 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.