

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000652

STATE FILE NUMBER

FILED JAN 21 1959 Registration District No. 73 Primary Registration District No. 3015 Registrar's No. 2

| | | | |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Clinton | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Caldwell | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cameron | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kingston <i>1300</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hosp | | Length of stay in lb 4 days | d. STREET ADDRESS (If outside, give location) 2 miles South east Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Daniel Robinson Barnes | | | 4. DATE OF DEATH Month Day Year I 15 1959 |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 1 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 8-26-1879 |
| 10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer ret | | 10b. KIND OF BUSINESS OR INDUSTRY self | 9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |
| 11. BIRTHPLACE (City and state or country) Smithville, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Thomas L. Barnes | | 13b. MOTHER'S MAIDEN NAME Elizabeth Corin | 14. NAME OF HUSBAND OR WIFE Ada Barnes |
| 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. 486-10-0744 | 17. INFORMANT Address Robert Duane Barnes, Kingston, Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage 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) 331X | | | INTERVAL BETWEEN ONSET AND DEATH 4 days |
| 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 1-11-59 to 1-15-59 and last saw her/him alive on 1-15-59 Death occurred at 8:20 PM on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>Ed Kimes M.D.</i> | | 22b. ADDRESS Cameron Mo | 22c. DATE SIGNED 1-17-59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 1-17-59 | 23c. NAME OF CEMETERY OR CREMATORY Barry Cemetery | 23d. LOCATION (City, town, or county) (State) Barry, Mo |
| 24. FUNERAL DIRECTOR ADDRESS Cramer Clark, Kingston, Mo. | | 25. DATE RECD. BY LOCAL REG. 1-17-59 | 26. REGISTRAR'S SIGNATURE <i>Francis D Crawford</i> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AM 21 1954

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 *Cramer Clark*

Licensed Embalmer No. *3257*

P. O. Address *Kingston, 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.