

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016479

STATE FILE NUMBER

FILED MAY 11 1959 Registration District No. 381 Primary Registration District No. 6174 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Sullivan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clay Township		c. CITY OR TOWN Newtown,,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5mi. S.E. Newtown		d. STREET ADDRESS (If outside, give location) 5mi. S.E. Newtown	
Length of stay in lb 3 yrs.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Ida Middle Bell Last Barnes			4. DATE OF DEATH Month Apr. Day 24 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 3, 1869	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Harrison Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wm. C. Propps			14. MOTHER'S MAIDEN NAME America Bish		
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 Mrs. E. L. McClanahan, Newtown, MO.		

MEDICAL CERTIFICATION	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				INTERVAL BETWEEN ONSET AND DEATH 7 years
	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 BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) Arteriosclerosis				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
	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.) 4221	
	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 Newtown Mo.	
		COUNTY Sullivan		STATE Mo.	
21. I attended the deceased from Feb. 10, 1939 , to Apr. 24, 1959 and last saw her/him alive on Apr. 24, 1959 . Death occurred at 12:15 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE E. Dale		22b. ADDRESS Newtown Mo.		22c. DATE SIGNED 4/25/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Apr. 26, 1959	23c. NAME OF CEMETERY OR CREMATORY Busby Cemetery		
		23d. LOCATION (City, town, or county) Sullivan County, Mo.		(State)	
24. FUNERAL DIRECTOR Judd & Payne, Newtown, Mo.		25. DATE RECD. BY LOCAL REG. 5-2-59		26. REGISTRAR'S SIGNATURE Mrs. M. W. Beckett	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. 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 *T. Howard Guen*

Licensed Embalmer No. *32*

P. O. Address *Pen*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.