

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026950

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 33 3 Primary Registration District No. 6196 Registrar's No. 15

FILED JUN 19 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59	DATE AMENDED		DOCUMENT	
1 <u>1070</u>				
2 <u>1070</u>				
3				
4 <u>0</u>				
5 <u>0</u>				
6				
7 <u>0</u>				
8 <u>0</u>				
9 <u>7730</u>				
10				
11				
12 <u>90-0</u>				
13 <u>10</u>				
ITEM NO.	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	SHOULD READ	BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>TMo</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sherrell</u>		c. CITY OR TOWN <u>2da</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>3 1/2 Mi NE of Locking Mo</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Hollis Kent Barnes</u>		4. DATE OF DEATH Month Day Year <u>June 3-1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-30-1963</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>Houston TMo</u>
13a. FATHER'S NAME <u>Hollis Barnes</u>		13b. MOTHER'S MAIDEN NAME <u>Edith Carolyn Braughton</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi) <u>no</u>		17. INFORMANT's Address <u>Hollis Barnes Locking Mo</u>	
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>Hyalinization of alveolar membranes of pulmonary</u> DUE TO (b) <u>insufficiency of acute cardio-</u> DUE TO (c) <u>Respiratory failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>W</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I <u>Respiratory failure</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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	STATE
21. I attended the deceased from <u>June 2, 1963</u> to <u>June 3, 1963</u> and last saw him alive on <u>June 2, 1963</u> . Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Signature of title) <u>J. Barnes md</u>		22b. ADDRESS <u>Houston, Mo</u>	22c. DATE SIGNED <u>6/5/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-4-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Boone Creek Cem</u>	23d. LOCATION (City, town, or county) <u>Texas Co. TMo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Smith's Ferguson Locking Mo</u>		25. DATE RECD. BY LOCAL REG. <u>June 10, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Elvora E. Hesse</u>

USE BLACK INK OR TYPEWRITER RIBBON

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

Erbert Ferguson

Licensed Embalmer No.

3945

P. O. Address

Lecting MD

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.