

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **12808**

FILED MAY 3 1954

BIRTH NO. _____ REG. DIST. NO. **243** PRIMARY REG. DIST. NO. **4364** Registrar's No. **5**

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

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stella		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cassville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cardwell Hospital		d. STREET ADDRESS (If rural, give location) 19V	
3. NAME OF DECEASED (Type or Print) BARNEY		4. DATE OF DEATH (Month) (Day) (Year) 4-9-1954	
5. SEX male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married		8. DATE OF BIRTH 2-11-1876	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		9b. KIND OF BUSINESS OR INDUSTRY farm	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Richard Rogers	
13b. MOTHER'S MAIDEN NAME Elizabeth Tipton		14. NAME OF HUSBAND OR WIFE Nancy Rogers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Clarence Rogers		ADDRESS Green Forest, Ark.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 3-26-1954 , to 4-9-1954 , that I last saw the deceased alive on 4-9-1954 , and that death occurred at 11:45 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE Cardwell (Degree or title) M.D.		23b. ADDRESS Stella, Mo.	
23c. DATE SIGNED 4-14-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 4-12-1954		24c. NAME OF CEMETERY OR CREMATORY, Mt. Pleasant Cemetery	
24d. LOCATION (City, town, or county) (State) Barry County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J. E. Colver ADDRESS Cassville, Mo.	
DATE REC'D BY LOCAL REG. 4-18-54		REGISTRAR'S SIGNATURE Alpha Dyer	

RECEIVED

District Health Officer No. _____

District File Number 454-25

Date Filed APR 9 0 1984

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

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
Student Embalmer

Signed Margaret C. Henbest

Licensed Embalmer No. 4389

P. O. Address Cassville

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 this body is not embalmed, fact should be so stated above.