

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25395

State File No.

X3287 FILED JUL 21 1943 175

Registration District No.

Primary Registration District No. 4280 3036

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Aurora Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hosp 5 hrs
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Aurora Mo. R.F.D. # 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Roy Barnes

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased June 9 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 5 hr. min.

9. Birthplace Aurora Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business.....

12. Name Lee Barnes

13. Birthplace Stone County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Kate Williams

15. Birthplace Barry County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Lee Barnes
(b) Address R.F.D. # 2 Aurora Mo.

17. (a) Burial (b) Date thereof 6/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osa Mo.

18. (a) Signature of funeral director J.F. King

(b) Address Aurora Mo

19. (a) 6-10-43 (b) Dunice Reese
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1943 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from..... to.....
19..... to..... 19.....

that I last saw h. im alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Rematery - 6 mo. baby.

Due to Walter Paul Caserio

Due to Section due to hospital

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature R. P. Cotto (M. D. or other) Mo
Address Lawrence, Mo. Date signed 6-10-43

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

RECEIVED

District Health Officer No. 6,

District File Number 743-884

Date Filed JUL 20 1943

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.....

Not Embalmed..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.