

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 565

FILED JAN 19 1949

BIRTH NO. _____		REG. DIST. NO. <u>62</u>		PRIMARY REG. DIST. NO. <u>4108</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>CEDAR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CEDAR</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL STOCKTON</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL STOCKTON</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>2 miles N. of Stockton, Mo.</u>			
3. NAME OF DECEASED (Type or Print) <u>LURENA</u>		a. (First)		b. (Middle)		c. (Last) <u>BARNES</u>	
4. DATE OF DEATH <u>JAN. 10 1949</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>MARRIED</u>	
8. DATE OF BIRTH <u>OCT. 7, 1877</u>		9. AGE (In years last birthday) <u>71</u>		10. MONTHS <u>3</u>		11. DAYS <u>3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>				10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (State or foreign country) <u>CEDAR CO. MO.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>NEAL D. TAYLOR</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH FISHER</u>		14. NAME OF HUSBAND OR WIFE <u>C.T. BARNES</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Chas. T. Barnes</u> ADDRESS <u>Stockton, Mo.</u>			
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) <u>Coronary thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u> ANTECEDENT CAUSES Morbidity 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. <u>4/20/1</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>3-23</u> , 194 <u>8</u> , to <u>1-10</u> , 194 <u>9</u> , that I last saw the deceased alive on <u>1-10</u> , 194 <u>9</u> , and that death occurred at <u>3 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm B. Richter, MD</u>				23b. ADDRESS <u>Stockton Mo.</u>		23c. DATE SIGNED <u>1-13-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Jan. 12, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ALDER CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>STOCKTON, MO.</u>	
DATE REC'D BY LOCAL REG. <u>1-15-49</u>		REGISTRAR'S SIGNATURE <u>Geneva Garrison</u>		54		25. FUNERAL DIRECTOR'S SIGNATURE <u>John A. Cantlon</u> ADDRESS <u>Stockton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 12-48-1625

Date Filed 1-18-49

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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. 257

working under my personal supervision.

Signed James L. Rintge  
Student Embalmer

Signed John A. Cantlon  
Licensed Embalmer No. 4387

P. O. Address Stockton, M.

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.