

FILED MAR 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8203

15

140 PRIMARY REG. DIST. NO. 5544 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>HOWARD, MO.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Armstrong (Barton township)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Armstrong (Barton township)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles E. of Armstrong</u>		d. STREET ADDRESS <u>3 MILES - EAST - ARMSTRONG -</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>STACY</u> b. (Middle) <u>ELIZA</u> c. (Last) <u>BARNES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH - 2ND 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>SEPT. 7TH 1869</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General farming</u>	
11. BIRTHPLACE (State or foreign country) <u>INDIANAPOLIS - INDIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>DON'T KNOW</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH - FORDNIGH</u>	
14. NAME OF HUSBAND OR WIFE <u>MARY - BARNES</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lester Scott - Armstrong 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>Acute coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery Sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4-201</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) (Min.)		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 _____, 19____, to <u>March 2</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov 21</u> , 19____, and that death occurred at <u>2:15 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Francis D. Dean</u>		23b. ADDRESS <u>M. D. White Hospital, Fayette, Mo.</u>	
23c. DATE SIGNED <u>3-3-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>MARCH 7TH 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SHARON</u>	
24d. LOCATION (City, town, or county) (State) <u>HOWARD COUNTY - MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wade + Samett Westerville Mo</u>	
26. DATE REC'D BY LOCAL REG. <u>3-5-1949</u>		27. REGISTRAR'S SIGNATURE <u>Dorothy Fern Lohme</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number _____

Date Filed 3-23-49

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.

Signed N. D. Hamer

Signed _____
Student Embalmer

Licensed Embalmer No. 3046

P. O. Address Keytesville Mo

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.