

FILED JUL 15 1949

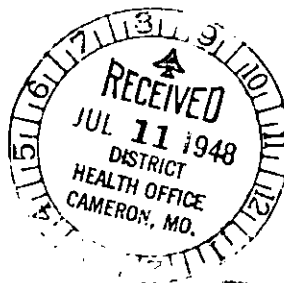
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5451 State File No. 19132

BIRTH NO. _____		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 5446		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stonbury, R. 1, S. 1, E. 1</u>		c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>N. of Stonbury 1 mile</u>		d. STREET ADDRESS (If rural, give location) <u>N. of Stonbury 6 mi.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N. of Stonbury 7 mi.</u>							
3. NAME OF DECEASED (Type or Print) <u>Lillie Josephine Barnes</u>		a. (First) <u>Lillie</u> b. (Middle) <u>Josephine</u> c. (Last) <u>BARNES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 30 1949</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>		8. DATE OF BIRTH <u>6-12-1898</u>	
9. AGE (In years last birthday) <u>51</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>of Henry</u>		11. BIRTHPLACE (State or foreign country) <u>Henry Co. MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>WAYNE BARNES</u>		13b. MOTHER'S MAIDEN NAME <u>ANN STONLEY</u>		14. NAME OF HUSBAND OR WIFE <u>JASPER H. BARNES</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Walter R. Pierce</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>arteriosclerosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>high blood pressure (hypertension)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>4500</u>				20. AUTOPSY? YES ☐ NO ☒	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>					
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 12, 1948</u> to <u>June 30, 1949</u> , that I last saw the deceased alive on <u>June 1, 1949</u> , and that death occurred at <u>11:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul C. Muselman, M.D.</u>				23b. ADDRESS <u>Stonbury, Mo.</u>		23c. DATE SIGNED <u>7/1/49</u>	
24a. BURIAL, CREMATION, REMOVAL		24b. DATE <u>7/3/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>High Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Stonbury MO</u>	
DATE REC'D BY LOCAL REG. <u>July 5/49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Edith Childs</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Salvatore H. Phillips</u>		ADDRESS <u>Stonbury</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



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 _____

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Robert H. Phillips

Licensed Embalmer No. 1898

P. O. Address

Stanton, 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.