

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27361

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>187</u>	PRIMARY REG. DIST. NO. <u>3040</u>	Registrar's No. <u>117</u>
1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Linn</u>		
b. CITY OR TOWN <u>Chillicothe Mo.</u>		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>Chillicothe MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>411 Jackson St. 2</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Reuben</u>		b. (Middle) <u>Barney Jr.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8-28-1949</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>1-31-1869</u>	9. AGE (In years last birthday) <u>80</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor M.D.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Doctor M.D.</u>	11. BIRTHPLACE (State or foreign country) <u>Chillicothe Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Reuben Barney</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Pringle</u>	14. NAME OF MOTHER OR WIFE <u>ANNA Barney</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>R.R. Barney</u> ADDRESS _____	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertrophied Prostate</u> DUE TO (c) <u>Cerebral Hemorrhage</u> 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>7 Wks</u> <u>6 mos</u> <u>3 yrs</u> <u>1010X</u>
19a. DATE OF OPERATION <u>Aug 49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Hypertrophied Prostate</u>		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 <u>June 15, 1946</u> , to <u>Aug 28, 1949</u> , that I last saw the deceased alive on <u>Aug 28, 1949</u> , and that death occurred at <u>2 P.</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Joseph A. Conrad MD</u> (Degree or title)		23b. ADDRESS <u>Chillicothe Mo</u>		23c. DATE SIGNED <u>Aug 29 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-30-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood</u>	24d. LOCATION (City, town, or county) (State) <u>Chillicothe Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug-29-49</u>	REGISTRAR'S SIGNATURE <u>Francis B Reil</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Eberkith Chillicothe Mo.</u> ADDRESS _____		



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

E. Buckett

Licensed Embalmer No. 3227

P. O. Address Chillicothe 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.