FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32833

BIRTH NO. _____ REG. DIST. NO. 364 PRIMARY REG. DIST. NO. 6237 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY: Warren Co
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Foristell
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Foristell

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Warren
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Foristell Rural
d. STREET ADDRESS (If rural, give location): Near Foristall Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Carter
b. (Middle):
c. (Last): Barnes

4. DATE OF DEATH (Month) (Day) (Year): Oct, 3, 1949

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 9
8. DATE OF BIRTH: Unknown
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: 1
11. BIRTHPLACE (State or foreign country): Mo
12. CITIZEN OF WHAT COUNTRY? Mo

13a. FATHER'S NAME: Willis Barnes
13b. MOTHER'S MAIDEN NAME: Alice Barnes
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Jordan Barnes Foristell — 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): Bung to death

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coroners jury verdict
DUE TO (c): By accidently bung

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: to death in his home

INTERVAL BETWEEN ONSET AND DEATH: E 9/60 16

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Warrenton Warren Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 3 - 1949 6 A.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Accidently bung

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at about 6 A.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr F. H. Kruggie (Coroner)
23b. ADDRESS: Warrenton Mo
23c. DATE SIGNED: Oct 3-1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-4-49
24c. NAME OF CEMETERY OR CREMATORY: Flint Hill
24d. LOCATION (City, town, or county) (State): Flint Hill Mo

DATE REC'D BY LOCAL REG.: Oct. 4 '49
REGISTRAR'S SIGNATURE: Mrs. F. W. Hughes 335
25. FUNERAL DIRECTOR'S SIGNATURE: Morris Murchany — ADDRESS: Wentzville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 10 1949
District Health Officer No. 9,
District File Number

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by ..... Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Marie Mussharry

Licensed Embalmer No. 2461

P. O. Address Wentzville 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.