

FILED MAY 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15989**

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>5132</u>		Registrar's No. <u>617</u>	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR Rural-Wayne		c. LENGTH OF STAY (In days, place) 20 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR Rural-Wayne		0110	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. # 1, DeKalb, Mo.				d. STREET ADDRESS (If rural, give location) R.F.D. # 1, DeKalb, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) ELMA		b. (Middle)		c. (Last) BARNES		4. DATE OF DEATH (Month) (Day) (Year) 5 24 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 2		8. DATE OF BIRTH 2-26-1897	
9. AGE (In years last birthday) 53		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		11. BIRTHPLACE (State or foreign country) Grant Co., Wisconsin		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William D. Drouillard				13b. MOTHER'S MAIDEN NAME Lota Pefford		14. NAME OF HUSBAND OR WIFE Bertrum Barnes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Clarence Barnes, Hal ls, Mo.			
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) Acute Cerebral Hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Cardio-Vascular Disease, General Arteriosclerosis DUE TO (c) Woman died rather suddenly II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death without previous serious illness or disability other than feeling badly today			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒		INTERVAL BETWEEN ONSET AND DEATH 1 day	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>On 5/24, 1950</u> to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE H. F. Mundy, M.D., Coroner				23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 5/24/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-27-1950		24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery		24d. LOCATION (City, town, or county) (State) DeKalb, Missouri	
DATE REC'D BY LOCAL REG. May 27, 1950		REGISTRAR'S SIGNATURE E. B. Jenkins		25. FUNERAL DIRECTOR'S SIGNATURE St. Joseph, Missouri			

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.