

FILED OCT 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35947

070

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

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 4519 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY OR TOWN <u>Cabool</u>	c. LENGTH OF STAY (in this place) <u>1 1/2 yrs</u>	c. CITY OR TOWN <u>Cabool</u> <u>1030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>ETHEL</u> c. (Last) <u>BARNES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 17 1950</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>w.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 30 1880</u>
9. AGE (In years) (last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>4</u> Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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	11. BIRTHPLACE (State or foreign country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Adam Kettering</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Edward Barnes</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edward Barnes Cabool 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio sclerotic heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Thrombosis of common iliac arteries</u> <u>4-2000</u> <u>3 moz</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) m.	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>May</u> , 19 <u>50</u> , to <u>Oct</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct 1</u> , 19 <u>50</u> , and that death occurred at <u>12:55 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Garrett Hogg</u>		(Degree or title)	23b. ADDRESS <u>Cabool Mo</u>
23c. DATE SIGNED <u>Oct 18/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Oct 19-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cabool Cabool</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>
DATE REC'D BY LOCAL REG. <u>10-19-50</u>	REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</u>	325	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rayford V. Elliott Cabool Mo.</u>

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED **OCT 23 1950**
Dist. File 1050-2137
Date Filed 10-23-50

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 _____
Student Embalmer

Signed James L. Tenby
Licensed Embalmer No. 14718

P. O. Address Calool, 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.