

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 36043
Registrar's No. 211

BIRTH NO. _____		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 3002		Registrar's No. 211	
1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. LENGTH OF STAY (In this place) 12 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Thompson Rural		0043	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Co. Hospital				d. STREET ADDRESS Rt 1			
3. NAME OF DECEASED (Type or Print) a. (First) Turner		b. (Middle) _____		c. (Last) Barnes		4. DATE OF DEATH (Month) (Day) (Year) 11 25 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 4, 1896	
9. AGE (In years last birthday) 54		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Audrain County Mo	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Baker Barnes		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE Della Barnes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Robert Barnes Thompson Mo		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Myocardial Infarction 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 2 hours 3 days				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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 11-24, 1950, to 11-25, 1950, that I last saw the deceased alive on 11-25, 1950, and that death occurred at 12:10 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Ernest S. Lantz (Degree or title) M.D.				23b. ADDRESS Mexico, Mo.		23c. DATE SIGNED 11-25-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-27-50		24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		24d. LOCATION (City, town, or county) (State) Mexico Mo	
DATE REC'D BY LOCAL REG. Nov 27-1950		REGISTRAR'S SIGNATURE Blanche Keely		25. FUNERAL DIRECTOR'S SIGNATURE C. W. Amos		ADDRESS Mexico Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 25 1962

Date Received: DEC 5 1950
DISTRICT HEALTH OFFICE #2
District File Number 12-50-20
Date Filed: DEC 7 1950

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

Charles V. Greening

Signed.....
Student Embalmer

Licensed Embalmer No. 4625

P. O. Address *Mexico 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.