

FILED JUL 6 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21769

BIRTH NO. _____		REG. DIST. NO. 225		PRIMARY REG. DIST. NO. 4478		Registrar's No. 24		
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Schuyler</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lancaster</u>		c. LENGTH OF STAY (In this place) <u>6 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green City</u> <u>094</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mrs. Straits Nursing Home</u>				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Eduard</u> c. (Last) <u>Barnes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-24-1951</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>3-5-1862</u>		
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>19</u>		IF UNDER 2 HRS. Hours <u>19</u> Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Schuyler Co. O</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Eduard Barnes</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Isabelle Barnes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Edna Kufro</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) <u>Senility</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 _____	
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) <u>4221</u>				
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>2/23/51</u> to <u>6-24-51</u> , that I last saw the deceased alive on <u>6/24</u> , 1951, and that death occurred at <u>5:35 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>R. E. Vaughn</u> (Degree or title) <u>D.O.</u>			23b. ADDRESS <u>Lancaster, Mo</u>			23c. DATE SIGNED <u>6/25/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-26-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green City</u>		24d. LOCATION (City, town, or county) (State) <u>near Green City</u>		
DATE REC'D BY LOCAL REG. <u>June 30/51</u>		REGISTRAR'S SIGNATURE <u>Wm. R. J. Drake</u> 357		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. W. West</u> ADDRESS <u>Green City</u>				

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

Date Received: JUL 5 1951
DISTRICT HEALTH OFFICE #2
District File Number 751-12
Date Filed: JUL 5 1951

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 *Wm H West*

Licensed Embalmer No. *2882*

P. O. Address *Queencity, N*

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.