

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25991

BIRTH NO. _____		REG. DIST. NO. 369		PRIMARY REG. DIST. NO. 4538		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY <u>Wayne</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Piedmont</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Piedmont</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>4</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Gladys</u>		b. (Middle) <u>MAE</u>		c. (Last) <u>BARNES</u>	
4. DATE OF DEATH		(Month) <u>July</u>		(Day) <u>5</u>		(Year) <u>1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 12, 1903</u>	
9. AGE (In years last birthday) <u>47</u>		10. MONTHS <u>7</u>		11. DAYS <u>23</u>		12. IF UNDER 14 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>			
11. BIRTHPLACE (State or foreign country) <u>Patterson, Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Geo. J. Bennett</u>				13b. MOTHER'S MAIDEN NAME <u>Ida E. Hard</u>			
14. NAME OF HUSBAND OR WIFE _____				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			
16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME <u>Jane M. Idell, Batesville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Valer Epilepsy</u> 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. INTERVAL BETWEEN ONSET AND DEATH _____				19. DATE OF OPERATION _____			
20. AUTOPSY? YES ☐ NO ☒				21. MAJOR FINDINGS OF OPERATION <u>3532</u>			
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>Piedmont Wayne Mo</u>				21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____			
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>7-3-</u> 19 <u>51</u> , to <u>7-5-</u> 19 <u>51</u> , that I last saw the deceased alive on <u>7-6-</u> 19 <u>51</u> , and that death occurred at <u>11A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>L. B. Furman, M.D.</u> (Degree or title)				23b. ADDRESS <u>Piedmont Mo</u>			
23c. DATE SIGNED <u>7-6-51</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>			
24b. DATE <u>July 8, 1951</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Stood Cem.</u>			
24d. LOCATION (City, town, or county) (State) <u>Near Patterson, Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Theron W. Bush</u> ADDRESS <u>Piedmont</u>			
DATE REC'D BY LOCAL REG. <u>July 6, 1951</u>				REGISTRAR'S SIGNATURE <u>Hazel Ward</u> 460			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUL 16 1961

WAYNE CO. HEALTH CENTER

FILE No. 751-34

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. 3387

P. O. Address Frederick, Md.

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.