

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26091

State File No. _____
Registrar's No. 23

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 4017

1. PLACE OF DEATH a. COUNTY <u>Audrain</u> <u>0040</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farber, Mo.</u> c. LENGTH OF STAY (In this place) <u>UNK.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farber, Mo.</u> <u>0040</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farber, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u> b. (Middle) <u>Mae</u> c. (Last) <u>Barnes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 5 - 1951</u>		
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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>Feb. 8 - 1878</u>	9. AGE (In years last birthday) <u>73</u>	UNDER 1 YEAR Months <u>6</u> Days <u>27</u>	IF UNDER 1 MTH. 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>Williamburg Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>George O. Liver.</u>	13b. MOTHER'S MAIDEN NAME <u>Jane M^s Mahan.</u>	14. NAME OF HUSBAND OR WIFE <u>George Barnes.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Barnes Farber, Mo.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>3 WK</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Chronic Myocarditis.</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Aug 19, 1951, to Sept 5, 1951, that I last saw the deceased alive on Sept 5, 1951, and that death occurred at 3 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. B. Paige</u> <u>003</u>	23b. ADDRESS <u>Ladonia Mo.</u>	23c. DATE SIGNED <u>9-7-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 7, 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Farber Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Farber Mo.</u>
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DATE RECD BY LOCAL REG. <u>Sept 11 1951</u>	REGISTRAR'S SIGNATURE <u>Walter Dugan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde E. Wilkey</u>	ADDRESS <u>Ladonia, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: SEP 11 1951
DISTRICT HEALTH OFFICE #2
District File Number 267-1598
Date Filed: SEP 11 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 Clyde C. Wilkey

Licensed Embalmer No. 3860

P. O. Address Perry, 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.