

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7131**

FILED FEB 26 1952

BIRTH NO. _____		REG. DIST. NO. 378		PRIMARY REG. DIST. NO. 4547		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, write RURAL and give township) Grant City		c. LENGTH OF STAY (in this place) 10 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Grant City Mo		1130	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location) none			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Henry		c. (Last) Barnes		4. DATE OF DEATH (Month) (Day) (Year) Feb 8 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 2 March 4 - 1869	
9. AGE (In years last birthday) 82		10. MONTHS 11		11. DAYS 4		12. IF UNDER 1 YEAR (Hours) (Min.) 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Worth County O		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME James Barnes		13b. MOTHER'S MAIDEN NAME Elizabeth Bressler		14. NAME OF HUSBAND OR WIFE Nattie Mae Nixon			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Francis Eighany			
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) Coronary Occlusion ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular Disease 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 5 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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) (Min.)		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 1949 to Feb 8, 1952 , that I last saw the deceased alive on Feb 7, 1952 , and that death occurred at 9 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frank B. Madison M.D.				23b. ADDRESS Grant City, Mo		23c. DATE SIGNED 2-10-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 11 - 1952		24c. NAME OF CEMETERY OR CREMATORY Grant City Cemetery		24d. LOCATION (City, town, or county) (State) Grant City Mo	
DATE REC'D BY LOCAL REG. Feb 19 - 1952		REGISTRAR'S SIGNATURE John E. Dawson		345 FUNDAL DIRECTOR'S SIGNATURE John Andrews		ADDRESS Grant City Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

John Andrews
working under my personal supervision.

Student Embalmer No. _____

Student _____
Student Embalmer

Signed _____

John Andrews
Licensed Embalmer No. *4211*

P. O. Address *Grant City 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.