

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19911**

JUN 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **80** PRIMARY REG. DIST. NO. **5306** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY <b>COLE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>COLE</b> <b>0260</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MARION TOWNSHIP</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. MARTINS,</b> <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MOREAU RIVER BANK</b>		d. STREET ADDRESS (If rural, give location) <b>MARION TOWNSHIP</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>THOMAS</b> b. (Middle) _____ c. (Last) <b>BARNICLE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 14, 1952</b>			
5. SEX <b>MALE</b> <b>C</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED 2</b>	8. DATE OF BIRTH <b>NOV. 3, 1887</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>11</b>	IF UNDER 24 HRS. Hours <b></b> Mins. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>GROCERYMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>STEELVILLE, MO. 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>SAMUEL B. BARNICLE</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>ELIZABETH WETZEL</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>500-34-2629</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>GEORGE BARNICLE ST. LOUIS, MO.</b>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH
		DUE TO (b) _____			
		DUE TO (c) <b>Arteriosclerosis</b>			
		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 <b>4201</b>		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) 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 June 1, 1952 at 12 NOON that I last saw the deceased alive on June 1, 1952, and that death occurred at 12 NOON from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. Bruce W. Jefferson</b> (Degree or title)		23b. ADDRESS <b>234 Madison Jefferson City, Mo</b>		23c. DATE SIGNED <b>6/17/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JUNE 17, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MORRISON</b>	
		24d. LOCATION (City, town or county) (State) <b>MORRISON, MO.</b>			

DATE REC'D BY LOCAL REG. <b>June 17</b>		REGISTRAR'S SIGNATURE <b>Mrs. Minnie Hittman</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sylvester Dulle J. C. MO.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

260  
30

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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 Sylvester Dull

Licensed Embalmer No. 4321

P. O. Address Jefferson 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.