

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **34137**

FILED AUG 23 1952

BIRTH NO. _____		REG. DIST. NO. <u>6</u>		PRIMARY REG. DIST. NO. <u>4017</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Farber</u> TOWN		c. LENGTH OF STAY (in this place) <u>years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Farber</u> TOWN		<u>10 40</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lavinia</u>		b. (Middle)		c. (Last) <u>Barnes</u>		4. DATE OF DEATH (Month) <u>Oct</u> (Day) <u>14</u> , (Year) <u>1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan 17, 1867</u>	
9. AGE (in years last birthday) <u>85</u>		10. MONTHS <u>9</u>		11. DAYS <u>27</u>		12. IF UNDER 1 YEAR Hours <u>27</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done in hospital or institution, if any, even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pike County, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>							
13a. FATHER'S NAME <u>Potter Hadsell</u>				13b. MOTHER'S MAIDEN NAME <u>Phoebe Holmes</u>		14. NAME OF HUSBAND OR WIFE <u>David B. Barnes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes 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 ADDRESS <u>Herbie Barnes, Farber, Missouri</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Exhaustion and old age</u> 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>794X</u>				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)		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>June</u> , 19 <u>52</u> , to <u>October</u> , 19 <u>52</u> ; that I last saw the deceased alive on <u>Sept 23</u> , 19 <u>52</u> , and that death occurred at <u>3P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>William W. Jones D.O.</u>				23b. ADDRESS <u>Ladonia, Missouri</u>		23c. DATE SIGNED <u>10-21-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 16, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Audrain County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10/21/52</u>		REGISTRAR'S SIGNATURE <u>Malie Figue</u>		FURNERAL DIRECTOR'S SIGNATURE <u>William B. Water</u>		ADDRESS <u>Adalia, Mo.</u>	

(If used Embalmer's Statement on Reverse Side)

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

Doctor and Town

AUG 1
1955

ES61 01 70P

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

William B. Waters

Licensed Embalmer No.

4169

P. O. Address

Vandalia 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.