

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41390

|                                                                                                                                                                                                                                                               |  |                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                     |  |                                                    |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|--|----------------------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                                               |  | REG. DIST. NO. 378                                                                                              |  | PRIMARY REG. DIST. NO. 4552                                                                                                                                                                                                                                                                                                                                                                                                                |  | Registrar's No. 73                                                  |  |                                                    |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Wright</u>                                                                                                                                                                                                                  |  |                                                                                                                 |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>                                                                                                                                                                                                                                                                                                  |  |                                                                     |  |                                                    |  |
| b. CITY OR TOWN <u>Mtn Grove</u>                                                                                                                                                                                                                              |  | c. LENGTH OF STAY in this place <u>25 years</u>                                                                 |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Mtn Grove</u>                                                                                                                                                                                                                                                                                                                                                      |  | 1141                                                                |  |                                                    |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rona 312 Oakland Ave.</u>                                                                                                                                                                                          |  |                                                                                                                 |  | d. STREET ADDRESS (If rural, give location)                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                     |  |                                                    |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Edward</u>                                                                                                                                                                                               |  | b. (Middle) <u>L.</u>                                                                                           |  | c. (Last) <u>Barnes</u>                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 23, 1952</u>          |  |                                                    |  |
| 5. SEX <u>Male</u>                                                                                                                                                                                                                                            |  | 6. COLOR OR RACE <u>white</u>                                                                                   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>                                                                                                                                                                                                                                                                                                                                                                      |  | 8. DATE OF BIRTH <u>Aug. 29, 1878</u>                               |  |                                                    |  |
| 9. AGE (In years last birthday) <u>74</u>                                                                                                                                                                                                                     |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retard farmer</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY                                                                                                                                                                                                                                                                                                                                                                                                          |  | 11. BIRTHPLACE (State or foreign country) <u>Shunee, Illinois</u>   |  |                                                    |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>                                                                                                                                                                                                                      |  | 13a. FATHER'S NAME <u>Willard A. Barnes</u>                                                                     |  | 13b. MOTHER'S MAIDEN NAME <u>Edna J. Austin</u>                                                                                                                                                                                                                                                                                                                                                                                            |  | 14. NAME OF HUSBAND OR WIFE <u>Anna Rich</u>                        |  |                                                    |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>                                                                                                                                                                                      |  | 16. SOCIAL SECURITY NO. <u>No</u>                                                                               |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Aubrey M. Barnes, deceased</u>                                                                                                                                                                                                                                                                                                                                                                        |  | ADDRESS                                                             |  |                                                    |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                                 |  |                                                                                                                 |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Polio Barnes</u><br><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><br>1991 |  |                                                                     |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>Infancy</u> |  |
| 19a. DATE OF OPERATION <u>June &amp; Aug 1951</u>                                                                                                                                                                                                             |  | 19b. MAJOR FINDINGS OF OPERATION <u>Bananas condition of Prostate &amp; one kidney</u>                          |  | 20. AUTOPSY?<br>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>Sept 9, 1952</u> , to <u>Nov 23, 1952</u> , that I last saw the deceased alive on <u>Nov 23, 1952</u> , and that death occurred at <u>5:30 A.M.</u> , from the causes and on the date stated above. |  |                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                     |  |                                                    |  |
| 23a. SIGNATURE <u>A.B. Ames M.D.</u> (Degree or title)                                                                                                                                                                                                        |  |                                                                                                                 |  | 23b. ADDRESS <u>Mountain Grove, Mo.</u>                                                                                                                                                                                                                                                                                                                                                                                                    |  | 23c. DATE SIGNED <u>11-26-52</u>                                    |  |                                                    |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                                                                                                                                                                                                       |  | 24b. DATE <u>Nov 24, 1952</u>                                                                                   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Cedarbrook Cemetery</u>                                                                                                                                                                                                                                                                                                                                                                              |  | 24d. LOCATION (City, town, or county) (State) <u>Cedarbrook Mo.</u> |  |                                                    |  |
| DATE REC'D BY LOCAL REG. <u>11-26-52</u>                                                                                                                                                                                                                      |  | REGISTRAR'S SIGNATURE <u>A.B. Ames</u>                                                                          |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Russell Barber</u>                                                                                                                                                                                                                                                                                                                                                                                     |  | ADDRESS <u>Mtn Grove, Mo.</u>                                       |  |                                                    |  |

(Licensed Embalmer's Statement on Reverse Side)

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

WRIGHT CO. HEALTH DEPT.  
County File Number 1252-2  
Date Filed 12-6-52

### 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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Russell Barber  
Student Embalmer No. ....

Licensed Embalmer No. 3848

P. O. Address Mtn. Grove, Ill.

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.