

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44710

FILED JAN 26 1953

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State File No. 11758  
Registrar's No. 11758

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 11758		Registrar's No. 11758	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>16 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2229</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital #1</u>				d. STREET ADDRESS (If rural, give location) <u>22</u>		<u>1412a St. Ange avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARICE</u> b. (Middle) <u>MARIE</u> c. (Last) <u>BARNES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-19-52</u>			5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>9-9-1932</u>		9. AGE (in years last birthday) <u>20</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerk</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>telephone co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Winona, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Aude Barnes</u>			13b. MOTHER'S MAIDEN NAME <u>Mae Mayberry</u>			14. NAME OF HUSBAND OR WIFE <u>single</u>			
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>486-34-4682</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Opal Norton</u>			ADDRESS <u>2607 S. Compton</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal hemorrhage following ruptured liver, suffered Nov 28, 1952</u> ANTECEDENT CAUSES <u>ruptured liver, suffered Nov 28, 1952</u> <u>at about 1:30 am when car operated</u> <u>by East Derryberry in which decedent</u> <u>was a passenger &amp; returned on</u> II. OTHER SIGNIFICANT CONDITIONS <u>Stubby #19 between Eminence</u> Conditions contributing to the death but not related to the disease or condition causing death <u>and Winona Mo.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>28, 1952</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Accident 400</u>				20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Stuby</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Eminence, Co. Winona Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 28 52 1:30 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Accident 400</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>250 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Patricia L Taylor Carver</u>				23b. ADDRESS <u>1300 Clark</u>			23c. DATE SIGNED <u>12 22 52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-22-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Van Buren, Mo.</u>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <u>DEC 22 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Pewitt F.H., Van Buren, Mo.</u>				

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 47666

P. O. Address \_\_\_\_\_

**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.