

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **247**
Registrar's No. **19**

FILED JAN 12 1953

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) Lifetime		d. STREET ADDRESS (If rural, give location) 1915 N. 4th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1915 N 4th Street		e. STREET ADDRESS (If rural, give location) 1915 N. 4th Street	

3. NAME OF DECEASED (Type or Print) a. (First) Adolph b. (Middle) Fred c. (Last) Barnes			4. DATE OF DEATH (Month) (Day) (Year) January 2, 1953.		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 25, 1895	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mgr. Saby Deposit Vaults--		10b. KIND OF BUSINESS OR INDUSTRY Banking		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri.	
13a. FATHER'S NAME Adolph F. Barnes		13b. MOTHER'S MAIDEN NAME Anna Chesbro		14. NAME OF HUSBAND OR WIFE Armintha M. Barnes	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW #1.		16. SOCIAL SECURITY NO. 491-10-4604		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Armintha M. Barnes St. Joseph, Mo.	
--	--	---	--	---	--

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 yrs 5 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension Arterial DUE TO (c) 443X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Glomerulo-nephritis		4 yrs 5 mo.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **7-3-1948**, 19___, to **1-2-1953**, 19___, that I last saw the deceased alive on **1-1-1953**, 19___, and that death occurred at **8:35A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. C. Seime MD	23b. ADDRESS 2070 1/2 S. Blvd. St. Joseph Mo.	23c. DATE SIGNED 1-3-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 5, 1953	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery
24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.		

DATE REC'D BY LOCAL REG. Jan 9, 1953	REGISTRAR'S SIGNATURE Carl E. Casper	25. FUNERAL DIRECTOR'S SIGNATURE Wm. G. Meierhoffer-Florman	ADDRESS St. Joseph, Mo.
--	--	---	-----------------------------------

304 & 1000

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 Raymond W. Horehead
Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.