

13653
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BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 4183 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Pacific</u>		c. CITY OR TOWN <u>Pacific</u> 0310	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>San Francisco R.R. tracks</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>H.</u> c. (Last) <u>BARNES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 11, 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan. 19, 1909</u>
9. AGE (in years) last birthday <u>45</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pressman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Book factory</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Archie Barnes</u>	
13b. MOTHER'S MARDEN NAME <u>Emma Bengish</u>		14. NAME OF HUSBAND OR WIFE _____	
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>492-100634</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Emma Hoffman</u>		ADDRESS <u>Pacific Mo.</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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hit by Frisco Freight Train # 37</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>at Pacific Mo. on foot crossing</u>			
DUE TO (c) <u>Body completely crushed,</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Skull, chest, pelvis, legs.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		036 E802X 25	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Foot Crossing</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pacific, Dallas Franklin, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 11, 1953 9:10 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Struck by Train</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>9:10 P.M.</u> , from the cause and on the date stated above.			
23a. SIGNATURE <u>Ernest P. Ottmann</u> 3 (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Shelby Mo.</u>	
23c. DATE SIGNED <u>Jan 12, 1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-14-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Pacific, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Jan. 14-53</u>	REGISTRAR'S SIGNATURE <u>Mary B. Gross</u> 94	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. L. Shields Pacific Mo.</u>	

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

JAN 22 1953

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 Geo. L. Shieles _____

Licensed Embalmer No. 3008 (3)

P. O. Address Pacific 7 No.

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.