No. 300
10.48

FILED APR 8 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12996

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 4508 Registrar's No. 16

040
1

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

1. PLACE OF DEATH
a. COUNTY Stone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Galena
c. LENGTH OF STAY (in this place) 42 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Stone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Galena 1040
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) Violet b. (Middle) c. (Last) Barnes
4. DATE OF DEATH (Month) (Day) (Year) March 26 1953
5. SEX F 1
6. COLOR OR RACE Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Oct 27-1885
9. AGE (In years last birthday) 67-4-29 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House
10b. KIND OF BUSINESS OR INDUSTRY Wife
11. BIRTHPLACE (City and State or Foreign Country) Kansas City Mo
12. CITIZEN OF WHAT COUNTRY? U.S
13a. FATHER'S NAME Alford Spaulding
13b. MOTHER'S MAIDEN NAME Kathrine Taylor
14. NAME OF HUSBAND OR WIFE Henry Barnes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. O. D. Lewis — Galena 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Appendix — INTERVAL BETWEEN ONSET AND DEATH 1 Day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arthritis Perfumosa 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 7230
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ~~19~~, 1946, *to* March 26, 1953, *that I last saw the deceased alive on* 27 Mch, 1953, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Hyung M.D. 0
23b. ADDRESS Galena Mo
23c. DATE SIGNED 28 Mar 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 29-53
24c. NAME OF CEMETERY OR CREMATORY Galena
24d. LOCATION (City, town, or county) (State) Galena Mo

DATE REC'D BY LOCAL REG. March 28-53
REGISTRAR'S SIGNATURE Mrs. J. Elmer Grossman 317-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Everett J. Cheatham — Galena Mo

Per Lena Murray (Licensed Embalmer's Statement on Reverse Side)

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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena 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.