

STANDARD CERTIFICATE OF DEATH

State File No. **13241**

BIRTH MO. **MAY 4 1953** REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **122**

05
0
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY OR TOWN Columbia		c. CITY OR TOWN Centralia	
c. LENGTH OF STAY (In this place) 1 mo.		d. STREET ADDRESS (If rural, give location) Hall Hotel	
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Roy	b. (Middle) C.	c. (Last) Barnes	4. DATE OF DEATH (Month) (Day) (Year) April 24, 1953
--	-----------------------	-------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 23, 1880	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 9 Days 1	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	---------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Own business	11. BIRTHPLACE (City and State or Foreign Country) Sturgeon, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
---	---	--	--

13a. FATHER'S NAME Brinsley C. Barnes	13b. MOTHER'S MAIDEN NAME Eliza Hulett	14. NAME OF HUSBAND OR WIFE Katall Coats
--	---	---

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 Mrs Don Carter	ADDRESS Sturgeon, Missouri
--	-------------------------	---	-----------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH 3 month
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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	20. AUTOPSY? 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) (Min.)	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 **3-20, 1953** to **4-24, 1953**, that I last saw the deceased alive on **4-23, 1953**, and that death occurred at **4:30 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James St. Allen M.D.	23b. ADDRESS Columbia Mo	23c. DATE SIGNED 4-25-53
--	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 26, 1953	24c. NAME OF CEMETERY OR CREMATORY Oak Grove	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
---	---------------------------------	---	--

DATE REC'D BY LOCAL REG. April 25 1953	REGISTRAR'S SIGNATURE Mrs R.E. Palmer	25. FUNERAL DIRECTOR'S SIGNATURE Bill C. Nash	ADDRESS Centralia, Missouri
---	--	--	------------------------------------

6581 6 7 AM

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

Bill J. Meador

Licensed Embalmer No. *4576*

P. O. Address *Curtis, 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.