

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14833

State File No.

FILED MAY 9 1953

REG. DIST. NO. 174

PRIMARY REG. DIST. NO. 3035

Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		c. LENGTH OF STAY (in this place) 5 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		0542	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1505 Main St.				d. STREET ADDRESS (If rural, give location) 1505 Main St.			
3. NAME OF DECEASED (Type or Print) a. (First) Ollie			b. (Middle) Barnes		c. (Last) Goring		4. DATE OF DEATH (Month) (Day) (Year) January 14, 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 17, 1882		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) Maysville, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Eli Barnes			13b. MOTHER'S MAIDEN NAME Mildred Smith		14. NAME OF HUSBAND OR WIFE James Goring		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME James Goring, Lexington, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) Tuberculosis (Hypertetic)</p> <p>DUE TO (c) Hypertensive disease reperfusing</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>						INTERVAL BETWEEN ONSET AND DEATH unknown
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4222						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)		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 Dec 1, 1952 to Jan 14, 1953 , that I last saw the deceased alive on Jan 7, 1953 , and that death occurred at 1:15 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE [Signature]				23b. ADDRESS [Address]		23c. DATE SIGNED 5-1-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE January 16, 1953	24c. NAME OF CEMETERY OR CREMATORY Machpelah		24d. LOCATION (City, town, or county) (State) Lexington, Missouri.		
DATE REC'D BY LOCAL REG. 5-1-53	REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE [Signature]			ADDRESS [Address]

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

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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

S. McKean

Licensed Embalmer No. *2983*

P. O. Address *Longton, Mass*

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.