

FILED MAY 18 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **16949**

BIRTH NO.		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>75</u>	
1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u> <u>0043</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>AUDRAIN</u> <u>0040</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>		c. LENGTH OF STAY (in this place) <u>4 1/2</u> HRS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL LINN TOWNSHIP</u> <u>1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AUDRAIN COUNTY HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. # L LADONIA, MO.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>		b. (Middle) <u>SHAW</u>		c. (Last) <u>BARNES</u>		4. DATE OF DEATH (Month) <u>MAY</u> (Day) <u>8</u> (Year) <u>1953</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>AUG. 5, 1875</u>	
9. AGE (In years last birthday) <u>78</u>		10. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MIDDLETOWN, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		13a. FATHER'S NAME <u>WALTER M. SHAW</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN RUDD</u>		14. NAME OF HUSBAND OR WIFE <u>WALTER M. BARNES</u>	
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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. CHARLES A. SMITH, Mexico, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary infarction</u> ANTECEDENT CAUSES <u>Chronic degenerating Myocarditis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>result Coronary infarction</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>4 years</u>	
19a. DATE OF OPERATION <u>X</u>		19b. MAJOR FINDINGS OF OPERATION <u>X</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>X</u> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>X</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>X</u>			
22. I hereby certify that I attended the deceased from <u>5-8</u> , 1953, to <u>5-8</u> , 1953, that I last saw the deceased alive on <u>5-8</u> , 1953, and that death occurred at <u>9:10</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Lang. J. O'Brien M.D.</u>				23b. ADDRESS <u>Mexico, Missouri</u>		23c. DATE SIGNED <u>5-9-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 10 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MIDDLETOWN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MIDDLETOWN, MO.</u>	
DATE REC'D BY LOCAL REG. <u>May 10 1953</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Earl S. O'Connell, Mexico, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 Billy Jack Skinner

Licensed Embalmer No. 4784

P. O. Address Memphis

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.