

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

17056

FILED JUN 2 - 1953

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>37</u>	PRIMARY REG. DIST. NO. <u>4044</u>	Registrar's No. <u>28</u>
1. PLACE OF DEATH a. COUNTY <u>Boone</u> <u>0100</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> <u>0100</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sturgeon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bourbon</u> <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>S.</u> c. (Last) <u>Barnstable</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 19 1953</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 10, 1891</u>	9. AGE (In years last birthday) <u>61</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Pana, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Barnstable</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Green</u>	14. NAME OF HUSBAND OR WIFE? <u>Ruth S. Barnstable</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give year or dates of service) <u>World War I</u>		16. SOCIAL SECURITY NO. <u>329-14-9815</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ruth S. Barnstable</u> ADDRESS <u>Sturgeon, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction, acute nature</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Atherosclerosis, severe</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hr</u> <u>15 yrs</u>
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) _____	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 <u>2-25-1953</u> to <u>5-19-1953</u> , that I last saw the deceased alive on <u>5-19-1953</u> , and that death occurred at <u>8:05</u> p.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>James Atkins M.D.</u>		23b. ADDRESS <u>510a Cherry Columbia</u>		23c. DATE SIGNED <u>5-21-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 22, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Horeb</u>	24d. LOCATION (City, town, or county) (State) <u>Boone Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 26-1953</u>	REGISTRAR'S SIGNATURE <u>Maud McBride</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Bill C. Meador Sturgeon, Missouri</u>		

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

JUN 8 1956

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. Mendon

Licensed Embalmer No. *4876*

P. O. Address *Stuyvesant, N.Y.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.