

b. 300
b. 48

70

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

FILED JUN 10 1953

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **18598**

BIRTH NO. _____		REG. DIST. NO. 181		PRIMARY REG. DIST. NO. 5675		Registrar's No. 18	
1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln			
b. CITY OR TOWN Rural Harrison		c. LENGTH OF STAY (in this place) 12 yrs.		c. CITY OR TOWN Rural Harrison		0578	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 1/2 mi. N.W. of Elsberry Mo				d. STREET ADDRESS (If rural, give location) 8 1/2 mi. N.W. of Elsberry Missouri			
3. NAME OF DECEASED a. (First) EVERETT		b. (Middle) LEMUEL		c. (Last) BARNES		4. DATE OF DEATH Month May Day 18 Year 1953	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 26 1904	9. AGE (In years last birthday) 48	10. MONTH 11	11. DAY 22	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTH PLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Mathias L Barnes		13b. MOTHER'S MAIDEN NAME Isabelle Busch		14. NAME OF HUSBAND OR WIFE Pauline Barnes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 487-20-9717		17. INFORMANT'S SIGNATURE OR NAME Pauline Barnes ADDRESS Elsberry 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS - ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIO-SCLEROSIS. 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 4201				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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Joseph J. Marsh (Degree or title) Coroner				23b. ADDRESS Gray Mo.		23c. DATE SIGNED 5/20/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 26, 53		24c. NAME OF CEMETERY OR CREMATORY Old Alexander Sam		24d. LOCATION (City, town, or county) (State) Lincoln County Mo.	
DATE REC'D BY LOCAL REG. 6/8/53		REGISTRAR'S SIGNATURE Mrs. Clarence Kientz		25. FUNERAL DIRECTOR'S SIGNATURE Wayne M & Ray Tray		ADDRESS Gray Mo	

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 _____

Wayne McBay

Licensed Embalmer No. *3586*

P. O. Address *Jay 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.