

FILED JUL 1 - 1953

STANDARD CERTIFICATE OF DEATH

State File No. 20986

BIRTH NO. _____ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 5239 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural, S. Linn		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, S. Linn	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 Miles S. of Stockton		d. STREET ADDRESS (If rural, give location) 8 Miles S. of Stockton	
3. NAME OF DECEASED a. (First) MYRTLE (Type or Print)		b. (Middle) (NONE)	
		c. (Last) BARNARD	
5. SEX / Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 11, 1882	
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 (State or foreign country) Dade County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Joshua Bays		13b. MOTHER'S MAIDEN NAME Emma Martin	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Esther Robinson		ADDRESS Stockton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction INTERVAL BETWEEN ONSET AND DEATH hrs. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerotic myocardial insufficiency 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 type="checkbox"/>		4201	
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 6:25, 1953, that I last saw the deceased alive on 6:25, 1953, and that death occurred at 3:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Wm. B. Rialter MD		23b. ADDRESS Stockton Mo	
23c. DATE SIGNED 6-26-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-28-1953	
24c. NAME OF CEMETERY OR CREMATORY Omer Cemetery		24d. LOCATION (City, town, or county) (State) Cedar County, Mo.	
DATE REC'D BY LOCAL REG. 6-28-1953		REGISTRAR'S SIGNATURE Geneva Garrison 540	
25. FUNERAL DIRECTOR'S SIGNATURE Cantor Funeral Home		ADDRESS Stockton Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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

John A. Cantler

Licensed Embalmer No.

4387

P. O. Address

Stoveton, Va.

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.