

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25587
Registrar's No. 50

FILED JUL 25 1953

BIRTH NO. _____		REG. DIST. NO. 195		PRIMARY REG. DIST. NO. 5713		Registrar's No. 50			
1. PLACE OF DEATH a. COUNTY <u>McDonagh</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonagh</u>					
b. CITY OR TOWN <u>Cychove</u>		c. LENGTH OF STAY (in this place) <u>12 yrs</u>		c. CITY OR TOWN <u>Cychove</u>		d. STREET ADDRESS (If rural, give location) <u>0600</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u> b. (Middle) <u>LEE</u> c. (Last) <u>BARNES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-14-1953</u>						
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>10-22-1865</u>			
9. AGE (in years last birthday) <u>87</u>		10. MONTHS <u>8</u>		11. DAYS <u>22</u>		12. HOURS <u>1</u> MIN. <u></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 <u>SAME</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>HM BARNES</u>			13b. MOTHER'S MAIDEN NAME <u>MARY BAHNINGER</u>			14. NAME OF HUSBAND OR WIFE <u>Oliver Barnes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Col. Frank Finewell, M.D.</u> ADDRESS <u></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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stroke</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebrovascular</u> DUE TO (c) <u>Stomach</u> 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>3 weeks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151X</u>							
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Oct-5, 1945</u> , to <u>Mar-14, 1953</u> that I last saw the deceased alive on <u>Mar 12, 1953</u> and that death occurred at <u>4:00</u> m., from the cause and on the date stated above.									
23a. SIGNATURE <u>Cardwell</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Stella Mo.</u>			23c. DATE SIGNED <u>4/6/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-17-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>TRACY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ANDERSON, RT. MO</u>			
DATE REC'D BY LOCAL REG. <u>6-26-53</u>		REGISTRAR'S SIGNATURE <u>4291</u> <u>Mayne Humphrey</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>D. M. Humphrey</u> ADDRESS <u>Parnewille, Mo.</u>					

WRITE PLAINLY—USING UNFAADING 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 *F. M. Humphrey Jr.*

Licensed Embalmer No. 4768

P. O. Address Mo., 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.