

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 23 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1834

1. PLACE OF DEATH a. COUNTY <u>St Louis Co.</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Valley Park 4761</u>	
c. LENGTH OF STAY (in this place) <u>4 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>912 PYRAMID</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Crest Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ada</u> b. (Middle) <u>Barnes</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>June 18 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>April 16 1886</u>		9. AGE (in years last birthday) <u>67</u>		10. IF UNDER 24 Hrs. Days Hours Mins. <u>2 2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Basconade Co. Mo. U.S.A.</u>	
12. CITIZEN OF WHAT COUNTRY _____					

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Adam 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>Jesse Barnes Valley Park Mo</u>	
--	--	-------------------------------------	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		DUE TO (b) <u>Arteriosclerosis</u>			<u>1 day</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Chronic Myocarditis</u>			<u>2 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chr. Arthritis</u>					<u>2 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 6/11/53, 1953, to 6/18, 1953, that I last saw the deceased alive on 6/15, 1953 and that death occurred at 12-50A m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Sheshinski</u> (Degree or title)		23b. ADDRESS <u>Barkwood, Mo.</u>		23c. DATE SIGNED <u>6/19/53</u>	
--	--	-----------------------------------	--	---------------------------------	--

24a. PLACE OF DEATH REMOVAL (Specify)		24b. DATE <u>6-20-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barkwood Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo</u>	

DATE REC'D BY LOCAL REG. <u>7-1-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donker</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Luther Sparks Potosi Mo</u>	
--	--	--	--	---	--

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 Murphy Sparks
Licensed Embalmer No. 11236
P. O. Address Flat River 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.