

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42396**

FILED DEC 30 1953

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>2016</u>		Registrar's No. <u>363</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (in this place) <u>5yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>105 Madison St./</u>				d. STREET ADDRESS (If rural, give location) <u>105 Madison St.</u>			
3. NAME OF DECEASED (Type or Print) <u>Leslie Charles Barnard</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 25, 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>Nov. 2, 1899</u>		9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>23</u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Prison Guard</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. State Prison</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pulaski Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William J. Barnard</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Robinson</u>		14. NAME OF HUSBAND OR WIFE <u>Florence Barnard</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>445-03-6714</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Florence Barnard</u> ADDRESS <u>Jefferson Ci</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>Acute Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ 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>minutes</u> <u>years</u> <u>4201</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>Dec 25, 1953</u> , to <u>Dec 25, 1953</u> , that I last saw the deceased alive on <u>Dec 25, 1953</u> , and that death occurred at <u>7 P.M.</u> m., from the causes and on the date stated above.							
22a. SIGNATURE <u>Frank W. M... M.D.</u> (Degree or title)				23b. ADDRESS <u>501 E. High</u>		23c. DATE SIGNED <u>Dec 26, 1953</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 28, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Richland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Richland, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>December 26, 1953</u>		REGISTRAR'S SIGNATURE <u>R. P. Davis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Buesch</u>		ADDRESS <u>Jefferson City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0264/1

FEB 16 1957

FEB 30 1957

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

Victor Benedict

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.