

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 42696

FILED DEC 24 1953		REG. DIST. NO. 140		PRIMARY REG. DIST. NO. 3024		Registrar's No. 113	
1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette		c. LENGTH OF STAY (In this place) 1 da.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rocheport		6100	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital				d. STREET ADDRESS (If rural, give location) -----			
3. NAME OF DECEASED (Type or Print)		a. (First) Isadore		b. (Middle) Henson		c. (Last) Barnes	
4. DATE OF DEATH		(Month) Dec.		(Day) 20,		(Year) 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 24, 1880		9. AGE (In years last birthday) 75	10. IF UNDER 1 YEAR 4 Days
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 (City and State or Foreign Country) Piedmont, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME David C. Henson		13b. MOTHER'S MAIDEN NAME Kathryn Woodson		14. NAME OF HUSBAND OR WIFE Alva Barnes			
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 ADDRESS Mrs Wm Dodson Rocheport, 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) <u>Cerebral vascular accident</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertensive CVA</u> DUE TO (c) <u>none</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH <u>20 hr</u> <u>3 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT OR SUICIDE <u>natural</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331 X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>Dec 20, 1953</u>		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>July</u> , 19 <u>50</u> , to <u>Dec 20</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Dec 20</u> , 19 <u>53</u> , and that death occurred at <u>2 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm J. Shaw, Jr</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Lee Hosp, Fayette, Mo</u>		23c. DATE SIGNED <u>12-23-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/20/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rocheport Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rocheport, Mo</u>	
DATE REC'D BY LOCAL REG <u>12-23-53</u>		REGISTRAR'S SIGNATURE <u>Mary R. Shell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dolph A Carr</u>		ADDRESS <u>Fayette, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 6 19

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, ~~on~~ by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Ralph A. Carr*

Licensed Embalmer No. 3340

P. O. Address Jayotte 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.