

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44969**

FILED JAN 5 1954
BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4528 Registrar's No. 1

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|--|--|--|---|--|------|
| 1. PLACE OF DEATH a. COUNTY <u>Worth</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Worth Missouri</u> | | c. LENGTH OF STAY (In this place) <u>All of life</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Worth Missouri</u> | | 1120 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home of Daughters</u> | | | d. STREET ADDRESS (If rural, give location) <u>no street Address</u> | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Colista</u> b. (Middle) <u>Margaret</u> c. (Last) <u>Barnes</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 21 1953</u> | | |
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|----------------------|-------------------------------|---|------------------------------------|---|--|--------------------------------------|
| 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>Oct 5-1874</u> | 9. AGE (In years last birthday) <u>79</u> | IF UNDER 1 YEAR Months <u>2</u> Days <u>16</u> | IF UNDER 24 HRS. Hours <u>1</u> Min. |
|----------------------|-------------------------------|---|------------------------------------|---|--|--------------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Worth Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>Arthur T Parks</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ann Hardwick</u> | 14. NAME OF HUSBAND OR WIFE <u>Benjamin Barnes</u> | | |
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| 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>Miss Roy Fass Worth Mo</u> | | | |
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| 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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>7 months</u> |
| | ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> | | | | |
| | DUE TO (c) | | | | |
| | 11. OTHER SIGNIFICANT CONDITIONS: <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>1561</u> | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 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 Dec 1, 1953, to Dec 21, 1953, that I last saw the deceased alive on Dec 21, 1953, and that death occurred at 10 p. m., from the causes and on the date stated above.

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|---|--|------------------------------|----------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Charles A Williamson Doct</u> | | 23b. ADDRESS <u>Leuty Mo</u> | 23c. DATE SIGNED <u>12-22-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Dec 28-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Barnes Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Worth Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>Jan 2 1954</u> | REGISTRAR'S SIGNATURE <u>Keta C. Dawson</u> | 345 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Andrew Grant City Mo</u> |
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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 _____

John Andrews

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John Andrews

Licensed Embalmer No. *4211*

P. O. Address *Grant 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.