

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45672

State File No.

FILED FEB 2 1954

BIRTH NO.		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>4549</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>North</u> <u>1130</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> <u>19mo</u> b. COUNTY <u>North</u>			
b. CITY OR TOWN <u>Albiondale</u>		c. LENGTH OF STAY (in this place) <u>50 yrs.</u>		c. CITY OR TOWN <u>Albiondale</u> <u>1130</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>JOHN</u>		a. (First) <u>HENDERSON</u>		c. (Last) <u>BARNES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11</u> <u>12</u> <u>1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 6 1879</u>	9. AGE (in years last birthday) <u>74</u>	10. IF UNDER 1 YEAR Months	11. IF UNDER 1 YEAR Days	12. IF UNDER 1 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer and Brown mfg</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>manufacturing brown</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Denver Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Andrew Barnes</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Martin</u>		14. NAME OF HUSBAND OR WIFE <u>Eva Barnes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eva Barnes</u> ADDRESS <u>Albiondale Mo</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, asphyxia, 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 Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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>10min</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>11-12</u> , 19 <u>53</u> and that death occurred at <u>3 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank S. Waterson</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Grant City Mo</u>		23c. DATE SIGNED <u>11-13-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11-14-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grick Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Albiondale Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 31 1954</u>		REGISTRAR'S SIGNATURE <u>Leta C. Duxson</u> <u>345</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arch C. Dunfee</u> ADDRESS <u>Grant City Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Arch C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Sioux 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.