

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3891

State File No.

0040

FILED FEB 18 1954

BIRTH NO. REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4021 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laddonia, Mo</u>		c. CITY OR TOWN <u>Laddonia</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		e. STREET ADDRESS (If rural, give location) <u>6090</u> <u>D</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillie</u> b. (Middle) <u>Maud</u> c. (Last) <u>Barnes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 13 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan. 12-1882</u>
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	11. BIRTHPLACE (City and State or Foreign Country) <u>Laddonia, Mo.</u>
13a. FATHER'S NAME <u>James A. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Bybee</u>	14. NAME OF HUSBAND OR WIFE <u>Clarence Barnes</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Harry Smith Laddonia 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>The deceased died very sudden while she and her brother was eating this poor meal. Unattended by a physician</u> ANTECEDENT CAUSES <u>Due to (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) <u>History shows her blood pressure</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>had been at times h.b. Probable coronary.</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Laddonia Audrain Mo.</u>		21f. HOW DID INJURY OCCUR? <u>none</u>	
22. I hereby certify that I attended the deceased from <u>Coroner's Medical</u> , 19 <u>54</u> , that I last saw the deceased <u>alive on Feb 13</u> , 19 <u>54</u> , and that death occurred at <u>Thurs</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>S. C. Adams M.D. Coroner</u>		23b. ADDRESS <u>Mexico Mo.</u>	
23c. DATE SIGNED <u>2/13/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 16, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Farber Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Farber Mo.</u>
DATE REC'D BY LOCAL REG. <u>2-16-54</u>	REGISTRAR'S SIGNATURE <u>Martha Karrison</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilbur Bienhoff Laddonia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PRINTLY—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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 382

P. O. Address Perry, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.