

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7755**

FILED APR 5 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **351**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Buchanan</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>	c. LENGTH OF STAY (In this place) <b>30 yrs</b>	c. CITY OR TOWN <b>St. Joseph</b>	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 <b>General Mercy Hospital</b>		• STREET ADDRESS (If rural, give location) <b>5533 So. 2nd St.</b> <b>0170</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>SAM</b>	b. (Middle)	c. (Last) <b>BARNES</b>	<b>4. DATE OF DEATH</b> (Month) <b>3</b> (Day) <b>29</b> (Year) <b>1954</b>
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<b>5. SEX</b> <b>Male</b> <input type="checkbox"/> <b>Female</b> <input checked="" type="checkbox"/>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>3-3-1886</b>	<b>9. AGE</b> (In years last birthday) <b>68</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 2 WKS.</b> Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work during normal working life, even if retired) <b>Laborer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Un. Term. R.R.</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	

<b>13a. FATHER'S NAME</b> <b>Unknown</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Lottie Barnes</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>702-12-9857</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Lottie Barnes, 5533 So. 2nd St.</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>CORONARY OCCLUSION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>3 days</b>  <b>10 yrs.</b>
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) NEPHROSIS</b>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>591X</b>		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>ST. JOSEPH BUCHANAN MO</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 3-27 1954, to 3-29-54, that I last saw the deceased alive on 3-29-54, 1954, and that death occurred at 8:00P m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Dr. G. E. Joehn D.O.</b>	<b>23b. ADDRESS</b> <b>322 ILLINOIS, City</b>	<b>23c. DATE SIGNED</b> <b>3-1-54</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>3-31-1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Armstrong Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Rushville, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>April 1, 1954</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Charles M. Allison</b>	<b>485</b>	<b>5. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Paul R. Ruff</b>	<b>ADDRESS</b> <b>St. Joseph, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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, ~~only~~ ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 39

P. O. Address St. Joseph

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.