

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **7939**

FILED MAR 29 1954 REG. DIST. NO. **50** PRIMARY REG. DIST. NO. **5179** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY Camden b. CITY OR TOWN Camdenton, Mo c. LENGTH OF STAY (in this place) 18 yr d. FULL NAME OF HOSPITAL OR INSTITUTION Home		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Camden c. CITY OR TOWN Camdenton 0150 d. STREET ADDRESS Route 1 0	
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3. NAME OF DECEASED (Type or Print) Sarah Ann Barnes a. (First) Sarah b. (Middle) Ann c. (Last) Barnes			4. DATE OF DEATH (Month) (Day) (Year) Mar. 21-1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED widowed	8. DATE OF BIRTH June 30, 1875	9. AGE (In years, months, days, hours, minutes) 78	10. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (The kind of work during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Nettworker		

13a. FATHER'S NAME Henry Berridge	13b. MOTHER'S MAIDEN NAME Ann Hopkins	14. NAME OF HUSBAND OR WIFE James L Barnes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Ray Barnes as above

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) Acute Congestive myocardial failure ANTECEDENT CAUSES Due to (b) Chronic coronary insufficiency Due to (c) Arteriosclerotic Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. heart disease		INTERVAL BETWEEN ONSET AND DEATH acute chronic chronic
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	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) Camdenton Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **11-13**, 19**54**, **to** **3-21**, 19**54**, **that I last saw the deceased alive on** **3-21**, 19**54**, **and that death occurred at** **9:45 p.m.**, **from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) R. Dale Attribury, D.O.	23b. ADDRESS Camdenton Mo	23c. DATE SIGNED 3-11-54
24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE Mar 24-54	24c. NAME OF CEMETERY OR CREMATORY Fairview
DATE REC'D BY LOCAL REG. Mar 27-1954	REGISTRAR'S SIGNATURE Zilpha Chaw	25. FUNERAL DIRECTOR'S SIGNATURE Banksen Woolery

(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 Phoe Woalery

Licensed Embalmer No. 2488

P. O. Address Camden, N.J.

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.