

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 5 1954

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **76**

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) Trenton		c. CITY OR TOWN Trenton	
c. LENGTH OF STAY (in this place) 38 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 27th & Lulu Sts.		e. STREET ADDRESS (If rural, give location) 27th AND Lulu 040⁰	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Chaney c. (Last) Barnes		4. DATE OF DEATH (Month) (Day) (Year) April 28 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 24, 1871
9. AGE (in years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	11. BIRTHPLACE (City and State or Foreign Country) Nebraska
10b. KIND OF BUSINESS OR INDUSTRY Building		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charley Barnes		13b. MOTHER'S MAIDEN NAME Margaret Teabarden	
14. NAME OF HUSBAND OR WIFE Estie Barnes		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 Paul Barnes Trenton Mo	
17. ADDRESS Trenton Mo		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Carcinoma Pancreas	
19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Pancreas		INTERVAL BETWEEN ONSET AND DEATH 3 mos	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 157X	
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 Mar 15, 1954 to Apr 28, 1954 , that I last saw the deceased alive on Apr 27, 1954 , and that death occurred at 2 a. m. , from the causes and on the date stated above.	
23a. SIGNATURE E. A. Duffy, M.D.		23b. ADDRESS Trenton Mo	
23c. DATE SIGNED Apr 29 54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Apr 30, 1954		24c. NAME OF CEMETERY OR CREMATORY Maple Grove Cem	
24d. LOCATION (City, town, or county) (State) Trenton Mo		25. FUNERAL DIRECTOR'S SIGNATURE Gene Jaw 115	
DATE REC'D BY LOCAL REG. 4-30-54		ADDRESS Classis - Blochman Trenton Mo	

EA. Duffy

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 *Harold L. Roberts*.....

Licensed Embalmer No. *492*.....

P. O. Address *Ironton, 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.