

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12675

FILED MAY 10 1954

BIRTH NO. REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5756 Registrar's No. 32

1. PLACE OF DEATH  
a. COUNTY **MARIES**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **MISSOURI** b. COUNTY **MARIES**

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place)  
TOWN **RURAL (Jefferson)** **30 yrs**

c. CITY (If outside corporate limits, write RURAL and give township)  
TOWN **RURAL (JEFFERSON TOWNSHIP)**

d. FULL NAME OF HOSPITAL OR INSTITUTION

d. STREET ADDRESS (If rural, give location) **6636**

3. NAME OF DECEASED  
(Type or Print) a. (First) **MARTHA** b. (Middle) **JANE** c. (Last) **BARNES**

4. DATE OF DEATH **APRIL 30-1954**

5. SEX **Female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Nov 7-1877** 9. AGE (In years last birthday) **76** 10. IF UNDER 1 YEAR Months Days 11. IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **housewife** 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **WILLIAM ALLEN** 13b. MOTHER'S MAIDEN NAME **JULIA ANN (Unknown)** 14. NAME OF HUSBAND OR WIFE **(deceased)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Walter Ammerman** ADDRESS **Belle, Mo.**

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Chronic Myocardial Degeneration** (b) **Chronic Nephritis** (c) **Chronic Nephritis**

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 **4222** 20. AUTOPSY? YES ☐ NO ☒

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) (Min.) 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4/3/54**, to **4/30/54**, that I last saw the deceased alive on **4/12/54**, and that death occurred at **9:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or Title) **H. Schumacher** 23b. ADDRESS **Belle, Mo.** 23c. DATE SIGNED **5/3/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **MAY 2-1954** 24c. NAME OF CEMETERY OR CREMATORY **Liberty Cemetery** 24d. LOCATION (City, town, or county) (State) **Belle, Mo.**

DATE REC'D BY LOCAL REG. **5-4-54** REGISTRAR'S SIGNATURE **Pauline Howard** 25. FUNERAL DIRECTOR'S SIGNATURE **Sassmann's Funeral Service** ADDRESS

(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 Hester Sasser

Licensed Embalmer No. 4158

P. O. Address Blair

**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.