

FILED SEP 13 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26913

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 139

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

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		c. LENGTH OF STAY (In this place) <u>39 years.</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>1432 Mabel St.</u>		e. STREET ADDRESS (If rural, give location) <u>1432 Mabel</u> <u>0402</u>	

3. NAME OF DECEASED (Type or Print) <u>OLEN</u>	a. (First) <u>O.</u>	b. (Middle) <u>BARNES.</u>	c. (Last) <u>BARNES.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 3 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED.</u>	8. DATE OF BIRTH <u>JAN 22, 1894</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>60</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Transportation</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railway Conductor</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MERCEY Co. Mo.</u>

13a. FATHER'S NAME <u>L.M. BARNES.</u>	13b. MOTHER'S MAIDEN NAME <u>Alice ROSETTA LOWE</u>	14. NAME OF HUSBAND OR WIFE <u>Cecil MARIE WISDOM BARNES.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>L.S. 28923</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Cecil BARNES Trenton, 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		INTERVAL BETWEEN ONSET AND DEATH <u>11 mos</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma - Stomach</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
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 <u>151 X</u>	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 Oct 22, 1903, to Sept 3, 1954, that I last saw the deceased alive on Sept 3, 1954, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE E.A. Puffy (Degree or title) 23b. ADDRESS Trenton Mo 23c. DATE SIGNED Sept 3 54

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Sept 5, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE GROVE cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Trenton Mo.</u>
DATE RECD BY LOCAL REG. <u>9/5/54</u>	REGISTRAR'S SIGNATURE <u>Drene Jairo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DAVIS, BLACKMORE</u>	ADDRESS <u>Trenton, Mo</u>

E.A. Puffy.

(Licensed Embalmer's Statement on Reverse Side)

SEP 1 1922

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 *Israel L Roberts*

Licensed Embalmer No. *492*

P. O. Address *Greentown*

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.