

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33229

State File No. ....

FILED NOV 1 - 1954

BIRTH NO. .... REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 44071 Registrar No. 39

1. PLACE OF DEATH  
a. COUNTY Camden

b. CITY (If outside corporate limits, write RURAL and give township) Camdenton

c. LENGTH OF STAY (In this place) 4 mo

d. FULL NAME OF (If not in hospital or institution, give street address or location) Leslie Nelson Storre

2. USUAL RESIDENCE (Where deceased lived at least 10 days before admission)  
a. STATE Missouri

b. COUNTY Camden

c. CITY (If outside corporate limits, write RURAL and give township) Perry

d. STREET ADDRESS (If rural, give location) Gen Del

3. NAME OF DECEASED (First) (Middle) (Last)  
Frances McKerron Barnes

4. DATE OF DEATH (Month) (Day) (Year)  
Oct 23-54

5. SEX Female

6. COLOR OR RACE whit

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, widowed

8. DATE OF BIRTH Aug 16-1889

9. AGE (In years last birthday) 65

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Reg. nurse

10b. KIND OF BUSINESS OR INDUSTRY Sup. Hlth. School

11. BIRTHPLACE (City, State or Foreign Country) New Zealand

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Hugh F McKerron

13b. MOTHER'S MAIDEN NAME Elizabeth Weegan

14. NAME OF HUSBAND OR WIFE Arthur E Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 441-30-2898

17. INFORMANT'S SIGNATURE OR NAME Bella Nelson ADDRESS Camdenton, 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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Chronic myocardial failure

ANTECEDENT CAUSES  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Hypertensive heart disease  
DUE TO (c) arteriosclerosis

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

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) m.

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 July 19 1954, to Oct 23 1954, that I last saw the deceased alive on Oct 13, 1954, and that death occurred at 9 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. Dale Atterberry D.O.

23b. ADDRESS Camdenton, Mo

23c. DATE SIGNED Oct 23 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Oct 25 1954

24c. NAME OF CEMETERY OR CREMATORY Perry

24d. LOCATION (City, town, or county) (State) Perry Mo

DATE REC'D BY LOCAL REG. Oct 23-1954

REGISTRAR'S SIGNATURE Zilpha Traver

5. FUNERAL DIRECTOR'S SIGNATURE Banksen - Volery ADDRESS Camdenton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 12 19

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

*Thos. B. Banksen*

Licensed Embalmer No.

2488

P. O. Address

*Camden*

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.

*M*