No. 300
10:48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34992

State File No.

BIRTH NO. REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 6029 Registrar's No. 13

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

1. PLACE OF DEATH
a. COUNTY: Reynolds
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Logan Township)
c. LENGTH OF STAY (in this place): P —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): On Highway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Reynolds
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ellington (Rural) Logan
d. STREET ADDRESS (If rural, give location): 0 900 0

3. NAME OF DECEASED (Type or Print)
a. (First): Walter
b. (Middle): —
c. (Last): Barnes

4. DATE OF DEATH (Month) (Day) (Year): Sept 24 54

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct-21 1889
9. AGE (In years last birthday): 64 — If under 1 year: Months: 11 Days: 3 — If under 24 hrs.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sawmill
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City, and State or Foreign Country): Redford Mo
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Richard Barnes
13b. MOTHER'S MAIDEN NAME: Tinea Whitehurst
14. NAME OF HUSBAND OR WIFE: May Barnes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 495-07-1164
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Bethar Pague, Redford

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Heart Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

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: 4 201
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8.00 A. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr J. P. Pyttle (Coroner)
23b. ADDRESS: Centerville Mo.
23c. DATE SIGNED: Sept 24, 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 26 Sept 54
24c. NAME OF CEMETERY OR CREMATORY: Price Cemetery
24d. LOCATION (City, town, or county) (State): Redford (Rural) Mo

DATE REC'D BY LOCAL REG.: Oct. 8-54
REGISTRAR'S SIGNATURE: Essie Evans. 276-1
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Chas. S. Pruitt Ellington Mo

(Licensed Embalmer's Statement on Reverse Side)

Received 11-5-54
Reynolds County Health Cen
File No. 1154 - 55

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 Chas. L. Perritt

Licensed Embalmer No. 4574

P. O. Address Ellington, 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 this body is not embalmed, fact should be so stated above.