

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41608

State File No.

BIRTH NO.		REG. DIST. NO. 179		PRIMARY REG. DIST. NO. 4287		Registrar's No. 17	
1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln			
b. CITY (If outside corporate limits, write RURAL, and give township) Troy		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Troy Mo		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Unknown home				STREET ADDRESS (If rural, give location) 0-70			
3. NAME OF DECEASED (Type or Print) a. (First) OLLIE		b. (Middle) MAE		c. (Last) BARNES		4. DATE OF DEATH (Month) (Day) (Year) DEC 19 1954	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 30 1888	
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and State or Foreign Country) Davis Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Anna Sentman		14. NAME OF HUSBAND OR WIFE Howard Barnes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Howard Barnes		ADDRESS Troy 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Arrest ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bundle Branch Block years DUE TO (c) Arteriosclerotic Heart Disease years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Benign Essential Hypertension years				INTERVAL BETWEEN ONSET AND DEATH 0	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none				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 Nov 7, 1953, to Dec 19, 1954, that I last saw the deceased alive on Dec 18, 1954, and that death occurred at 7:05 Am., from the causes and on the date stated above.							
23a. SIGNATURE O. Hornum K. Mueselberg M.D. (Degree or title)				23b. ADDRESS Troy Mo		23c. DATE SIGNED 12/19/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 9 1954		24c. NAME OF CEMETERY OR CREMATORY Old Alexander Cemetery		24d. LOCATION (City, town, or county) Lincoln County Mo (State)	
DATE REC'D BY LOCAL REG 12-22-54		REGISTRAR'S SIGNATURE Emma R. Riddle		25. FUNERAL DIRECTOR'S SIGNATURE Wayne M. Slegg		ADDRESS Troy Mo	

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 356

P. O. Address. Troy, 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.