

FILED JAN 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1861

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>3047</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY OR TOWN <u>Goodman</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sales Memorial Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Rural 1 mile S. E. 0600</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Oman</u> c. (Last) <u>Barnes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 22, 1955.</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>May 6, 1890</u>	
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>16</u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Blue Jacket, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>C. W. Barnes</u>			13b. MOTHER'S MAIDEN NAME <u>Florence Edmisten</u>		14. NAME OF HUSBAND OR WIFE <u>Hester Barnes</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-24-6638</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Hester Barnes Goodman, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Burger disease</u> DUE TO (c) <u>Arthritis deformans (Hands Feet + Knees)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio sclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u> sudden</u> <u> instant</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</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) (Min.)		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 <u>Jan 15</u> , 19 <u>55</u> , to <u>Jan 22</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Jan 22</u> , 19 <u>55</u> , and that death occurred at <u>8:30</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Melvin C. Bowman M.D.</u>				23b. ADDRESS <u>Neosho, Mo</u>		23c. DATE SIGNED <u>Jan 25-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/22/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Howard Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Goodman Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>1-25-55</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robb Funeral Home</u>		ADDRESS <u>Goodman, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

732
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RECEIVED

District Health Officer No. **NEWTON-COUNTY HEALTH UNIT**

District File No. **155-4**

Date Filed **1959**

NEOSHO, MISSOURI

JUN 25 1959

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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 *E. J. Papp*

Licensed Embalmer No. **3458**

P. O. Address *Anderson, 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.