

9333

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2005  
Registrar's No. 2005

FILED MAR 31 1955  
XC 1225443  
SL 4881 Reg. 6879

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY OR TOWN <u>915 North Grand Blvd</u> <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>2 DAYS</u>	c. CITY OR TOWN <u>ST. LOUIS</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>VETERANS ADMINISTRATION HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>25 1231 Olive</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>GROVER</u>	b. (Middle) <u>C.</u>	c. (Last) <u>BARNES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-2-55</u>
-------------------------------------	--------------------------	-----------------------	-------------------------	---

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>1-1-93</u>	9. AGE (In years last birthday) <u>62 YRS</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	--------------------------------	---	--	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PROOF READER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NEWSPAPER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ARROW ROCK, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	--

13a. FATHER'S NAME <u>GEORGE C. BARNES</u>	13b. MOTHER'S MAIDEN NAME <u>MINNIE SPARKS</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>	16. SOCIAL SECURITY NO. <u>265017873</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, ST. LOUIS, MO.</u>	ADDRESS
--	--	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL INFARCTION</u>		<u>3 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u>		<u>15 years</u>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <u>4200</u>
---	--	--

22. I hereby certify that I attended the deceased from 2-28, 1955, to 3-2, 1955, and that death occurred at 4:20 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>H. P. Westphalinger</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>VAH, ST. LOUIS, MO.</u>	23c. DATE SIGNED <u>3-2-55</u>
---	---	--------------------------------

24a. BURIAL, CREMATION REMOVAL <u>removal motor</u>	24b. DATE <u>3-4-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Jeff. Brks., Mo.</u>
---	-------------------------	---	---

DATE REC'D BY LOCAL REG. <u>MAR 3 1955</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u>	ADDRESS <u>6322 S. Grand Blvd., St. Louis, Mo.</u>
--	---	---	--

30. (Licensed Embalmer's Statement on Reverse Side)

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

---

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 *Leif Thompson*.....

Licensed Embalmer No. *429*

P. O. Address *6322 So Du*

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.