

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. ....

# 57 June 12266

**FILED MAY 3 1955**

No. 300  
10-48

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5574</u>		Registrar's No. <u>74</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oak Grove Rural Van R 10 No</u>			c. LENGTH OF STAY (in this place) <u>10 Mo</u>		c. CITY OR TOWN <u>Oak Grove</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>R F D Tarsney Lakes</u>				e. STREET ADDRESS (If rural, give location) <u>Oak Grove R F D Tarsney Lakes</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jennie</u>			b. (Middle) <u>Barnes</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>April 18 1955</u>	
5. SEX <u>Fm</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED-DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>Jan-23-1873</u>		9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret House Wife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>W.P. Baird</u>			13b. MOTHER'S MAIDEN NAME <u>Amanda Ulery</u>		14. NAME OF HUSBAND OR WIFE <u>W O Barnes-Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) _____		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs W.H. Foley Oak Grove Mo R.F.D</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH _____	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic Heart Disease</u>					<u>1 year</u>	
		ANTECEDENT CAUSES <u>Senility</u>					<u>3-4 years</u>	
		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 _____				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? _____				
22. I hereby certify that I attended the deceased from <u>Feb 1955</u> , to <u>April 18, 1955</u> , that I last saw the deceased alive on <u>April 17, 1955</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J. W. Williams MD</u>				23b. ADDRESS <u>Oak Grove Mo</u>		23c. DATE SIGNED <u>2-19-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April-20-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Douglass Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Douglass Kansas</u>			
DATE REC'D BY LOCAL REG. <u>4-20-55</u>		REGISTRAR'S SIGNATURE <u>N.B. Langford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hilyard Funeral Home Douglass Kan</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 *R B Webb*.....

Licensed Embalmer No. *255*

P. O. Address *Blue Spring*.....

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.