

FILED MAY 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16341

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 4449 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Reynolds</u>	
b. CITY OR TOWN <u>Ellington</u>	c. LENGTH OF STAY (in this place) <u>72 years</u>	c. CITY OR TOWN <u>Ellington</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>Own Home</u>		STREET ADDRESS (If rural, give location) <u>0900</u>	

3. NAME OF DECEASED (Type or Print) <u>Luther</u>	a. (First)	b. (Middle) <u>E</u>	c. (Last) <u>BARNES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 11 1953</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 7, 1882</u>	9. AGE (in years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>4</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Reynolds Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Thomas Barnes</u>	13b. MOTHER'S MAIDEN NAME <u>Delaina Barnes</u>	14. NAME OF HUSBAND OR WIFE <u>Mayme Barnes</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Loraine Goggin, Willow Springs</u>	ADDRESS <u>Willow Springs</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Long sufferer of Hypertension</u> 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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to May 12, 1953, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. F. Bugg, M.D.</u>	23b. ADDRESS <u>Collington Ave</u>	23c. DATE SIGNED <u>5, 12, 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>14 May 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ellington</u>	24d. LOCATION (City, town, or county) (State) <u>Ellington Mo</u>
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DATE REC'D BY LOCAL REG. <u>5/13/55</u>	REGISTRAR'S SIGNATURE <u>Delia Fox (deputy)</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas Powell</u>	ADDRESS <u>Ellington</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. Barnes was dead when found by neighbor. Neighbors became uneasy as they did not see him active about his home and this neighbor went to investigate and found him lying across his bed dead. By investigating we placed his death about 6 P.M. Wednesday.

Received 5-16-55  
Reynolds County Health Dept.  
File No. 555 - 1

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 Chas. S. Penitt

Licensed Embalmer No. 457  
P. O. Address Ellington

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.