

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **17577**

FILED MAY 23 1955		BIRTH NO. 30795-55		REG. DIST. NO. 379		PRIMARY REG. DIST. NO. 4553		Registrar's No. 108		
1. PLACE OF DEATH a. COUNTY Wright					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Ozark					
b. CITY OR TOWN Mansfield			c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Hamisville			d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐		
d. FULL NAME OF HOSPITAL OR INSTITUTION Mansfield Hospital					e. STREET ADDRESS (If rural, give location) 0779					
3. NAME OF DECEASED (Type or Print) a. (First) Norman b. (Middle) Lyle c. (Last) Barner			4. DATE OF DEATH (Month) (Day) (Year) 4-27-55							
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Apr. 27, 1955		9. AGE (In years last birthday) 3		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Hamisville Mo			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Norman Barner				13b. MOTHER'S MAIDEN NAME Sarah Johnson				14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Norman Barner ADDRESS Springfield 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, asphyxia, etc. It means the disease, injury, or complication which caused death.					MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyaline membrane of the lungs INTERVAL BETWEEN ONSET AND DEATH 3 hr ANTECEDENT CAUSES DUE TO (b) Prematurity (8 mo.) 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 ☐ 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 4/27/55 , 19 55 , to 4/27/55 , 19 55 , that I last saw the deceased alive on 4/27 , 19 55 , and that death occurred at 4 P m., from the causes and on the date stated above.										
23a. SIGNATURE M. J. Hermann D.D. (Degree or title)					23b. ADDRESS Gainesville, Missouri			23c. DATE SIGNED 4/29/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE May 8, 1955		24c. NAME OF CEMETERY OR CREMATORY Murray		24d. LOCATION (City, town, or county) (State) Squire Mo.			
DATE REC'D BY LOCAL REG. 5/10/55		REGISTRAR'S SIGNATURE 384-0			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chinkingheard Funeral Home, Ava, Mo.					

(Licensed Embalmers' Statement on Reverse Side)

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

CO. HEALTH DEPT.
County File Number 535-61
Date Filed MAY 21 1965

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 *Charles R. Fisk*

Licensed Embalmer No. 466

P. O. Address *Avon, N.Y.*

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.