

FILED JUL 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20788

State File No.

BIRTH NO.		REG. DIST. NO. <u>322</u>		PRIMARY REG. DIST. NO. <u>4428</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>LANCASTER MO</u> <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANCASTER MO Liberty</u>				c. CITY OR TOWN <u>LANCASTER</u>		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>0980</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MARY</u>		b. (Middle) <u>ISABELL</u>		c. (Last) <u>BARNES</u>	
5. SEX <u>7</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>MARCH 29 1862</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>THOMAS ASWELL</u>		13b. MOTHER'S MAIDEN NAME <u>CELESTIA BARNES</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN EDWARD BARNES</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>L</u>		16. SOCIAL SECURITY NO. <u>L</u>		17. INFORMANT'S SIGNATURE OR NAME <u>7 Lawrence Kennedy</u> ADDRESS <u>Burlington Iowa 316 Central St</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>Congestive Heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis and Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u> Years	
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. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>4-30</u> , 19 <u>54</u> , to <u>7-5</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7-5</u> , 19 <u>55</u> , and that death occurred at <u>12 noon</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Mr. Stokes</u> (Degree or title) <u>DO.</u>				23b. ADDRESS <u>Lancaster Mo.</u>		23c. DATE SIGNED <u>7-7-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Queen City</u>		24b. DATE <u>7-7-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Queen City</u>		24d. LOCATION (City, town, or county) (State) <u>Queen City Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 9, 55</u>		REGISTRAR'S SIGNATURE <u>Pass. A. J. Dierke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Morehead-Norman</u> ADDRESS <u>LANCASTER MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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

Dora E. Foster

Licensed Embalmer No. *472*

P. O. Address *Highland*

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.