

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

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

**FILED AUG 24 1955**

State File No. **25162**

BIRTH NO. _____		REG. DIST. NO. <b>1</b>	PRIMARY REG. DIST. NO. <b>3000</b>	Registrar's No. <b>228</b>
<b>1. PLACE OF DEATH</b> a. COUNTY <b>Adair</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Knox</b>		
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kirksville</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>(Rural) Baring</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Kirksville Osteophy</b>		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED a. (First) <b>CHARLES</b>		b. (Middle) <b>STEPHEN</b>	c. (Last) <b>BARNES</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 16, 1955</b>		5. SEX <b>M</b> 6. COLOR OR RACE <b>W</b>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>		8. DATE OF BIRTH <b>May 7, 1952</b>		9. AGE (In years last birthday) <b>3</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Carlinville, Ill.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Walter W. Barnes</b>		
13b. MOTHER'S MAIDEN NAME <b>Zolia Gibson</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Walter W. Barnes</b> ADDRESS <b>no</b>
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) <b>Medullary Failure</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Secondary Shock</b>		<b>30 MIN.</b>
DUE TO (c) <b>Overwhelming Toxemia</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>24 Hrs</b>
DUE TO (c) <b>2nd &amp; 3rd Burn</b>				<b>30 Hrs</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>None</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>HOME</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>EDINA MO MISSOURI</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>August 15, 1955</b> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>BURN BY BON FIRE</b>
22. I hereby certify that I attended the deceased from <b>AUGUST 16 19 55</b> , to <b>AUGUST 16, 19 55</b> , that I last saw the deceased alive on <b>AUGUST 16 19 55</b> , and that death occurred at <b>6 00</b> m., from the causes and on the date stated above.				
23a. SIGNATURE <b>N. G. Palmay</b>		23b. ADDRESS (Degree or title) <b>DOT 800 W. JEFFERSON</b>		23c. DATE SIGNED <b>KIRKSVILLE 8-16-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Aug 17 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Peskie cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Madison County, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>James O. Rimer</b> ADDRESS <b>Edna, Mo</b>		
DATE REC'D BY LOCAL REG. <b>8-17-55</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b>		

(Licensed Embalmer's Statement on Reverse Side)

**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 .....  
Student Embalmer

Signed

*Robert B. Davis*

Licensed Embalmer No. *4219*

P. O. Address *Kirksville, Md*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.