

No. 300
10.48

FILED MAR 27 1956

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
STANDARD CERTIFICATE OF DEATH

State File No. 9598

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY Laclede			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Laclede		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon		c. LENGTH OF STAY (in this place) -	c. CITY OR TOWN Lebanon		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 Wallace Memo. Hosp.			e. STREET ADDRESS (If rural, give location) Lebanon St. 1 0530		
3. NAME OF DECEASED (Type or Print) a. (First) Christopher b. (Middle) M c. (Last) Barnes			4. DATE OF DEATH (Month) (Day) (Year) Mar. 19 1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 14 1883		9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) Laclede Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm. H. Barnes		13b. MOTHER'S MAIDEN NAME Sarah Bluett		14. NAME OF HUSBAND OR WIFE Ada Barnes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 491-42-8859	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. C. M. Barnes Lebanon 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) coronary occlusion DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus				INTERVAL BETWEEN ONSET AND DEATH 7 days 7 days 15 yrs.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 1-31-1956 to 3-19-1956 , that I last saw the deceased alive on 3-19-1956 and that death occurred at 9:30A.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) B. B. Hurst, M.D.			23b. ADDRESS Lebanon, Mo.		23c. DATE SIGNED 3-20-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/21/56	24c. NAME OF CEMETERY OR CREMATORY Lebanon	24d. LOCATION (City, town, or county) (State) Lebanon Mo.		
DATE REC'D BY LOCAL REG. 3-21-1956	REGISTRAR'S SIGNATURE Hella L. Hlay	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS S. R. Palmer Lebanon Mo			

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

4240

Received 3-26-56
Laclede County Health Unit
File No. 48
Date Filed 3-26-56

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 S. R. Pulms Lebanon

Licensed Embalmer No. 229

P. O. Address Lebanon

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.