

FILED APR 2-1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **10083**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **4406** Registrar's No. **164**

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Houstonia</b>		c. LENGTH OF STAY (in this place) <b>10 yrs</b>	c. CITY OR TOWN <b>Houstonia</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Houstonia, Missouri</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <b>None</b>	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <b>NANCY</b>	b. (Middle) <b>SUSAN</b>	c. (Last) <b>BARNES</b>	(Month) (Day) (Year) <b>Mar. 25, 1956</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 5, 1872</b>
9. AGE (In years last birthday) <b>83</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Benton, County Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Michael Templeton</b>		13b. MOTHER'S MAIDEN NAME <b>Virginia (Unknown)</b>		14. NAME OF HUSBAND OR WIFE <b>Edward Barnes, (Deceased)</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>Mrs. Joseph Belsha, Houstonia, Mo.</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) <b>Debility</b>			
		DUE TO (c) <b>Senility</b>			
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 <b>4222</b>		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)		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 **June 1955** to **Mar 1956**, that I last saw the deceased alive on **Mar 23, 1956**, and that death occurred at **4:45 pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Paul R. [Signature]</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Sedalia Springs Mo</b>		23c. DATE SIGNED <b>3-27-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar 27, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>3-27-56</b>		REGISTRAR'S SIGNATURE <b>Laurine Coontz, Assty</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Swickhart</b>		ADDRESS <b>SEDALIA, MO.</b>	
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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. 521

working under my personal supervision..

Student.....

*Clifford Gouge*  
Signature of Student Embalmer

Signed.....

*W. Leekart*

Licensed Embalmer No. 341

**SEDALIA, MO.**

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.