

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

242791

STATE FILE NUMBER

FILED JUL 17 1956

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 250

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) - Inside Limits OR TOWN <u>RURAL ST. FRANCOIS T.S.</u> Yes <input type="checkbox"/> No <input type="checkbox"/>			c. CITY OR TOWN <u>NOB LICK</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			d. STREET ADDRESS (If outside, give location) <u>MINERAL AREA OSTEO. HOSP.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ALBERT</u> Middle <u>LEROY</u> Last <u>BARNES</u>				4. DATE OF DEATH Month <u>JULY</u> Day <u>10</u> Year <u>1956</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 25, 1941</u>	
9. AGE (In years last birthday) <u>15</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>15</u> Hours <u></u> Min. <u></u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>		11. BIRTHPLACE (City and state or country) <u>Knob Lick, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Sterling Barnes</u>				14. MOTHER'S MAIDEN NAME <u>Agnes Canterbury</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Mrs. Vernon Burns, Knob Lick, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MEDULLARY PARALYSIS</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>EXTRADURAL HEMATOMA</u> DUE TO (c) <u>FRACTURE AT BASE OF SKULL DUE TO</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>AUTOMOBILE ACCIDENT</u> <i>Caused by injury received in an unavoidable accident</i>							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Struck by auto riding bicycle - 8134</u>							20c. TIME OF INJURY Hour <u>5:00</u> Month <u>July</u> Day <u>9</u> Year <u>56</u> p. m. <u></u>
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, factory, street, office bldg., etc.) <u>Highway 67 - south of Farmington</u>		20f. CITY, TOWN, OR LOCATION <u>FARMINGTON, MISSOURI</u>		20g. COUNTY STATE <u>7-12-56</u>	
21. I attended the deceased from <u>July 9, 1956</u> to <u>July 10, 1956</u> and last saw ^{her} _{him} alive on <u>11:30 AM</u> . Death occurred at <u>11:30 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Paul P. Edgar, D.O.</u>				22b. ADDRESS <u>FARMINGTON, MISSOURI</u>		22c. DATE SIGNED <u>7-12-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 12, 1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>I. O. O. F. Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Knob Lick, Mo.</u>	
24. FUNERAL DIRECTOR <u>Cozean Funeral Home, Farmington, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>July 12, 1956</u>		25. REGISTRAR'S SIGNATURE <u>Esther Rulloff</u>	

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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JUL 12 1958

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 *A. Cozian*

Licensed Embalmer No. *40*

P. O. Address *Farmington*

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.