

FILED NOV 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33059**

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5043 Registrar's No. 75

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|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Barry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural (Sugar Creek)) | c. LENGTH OF STAY (If this place) 20 yrs | c. CITY OR TOWN Seligman | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) 2050 | |

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|-------------------------------------|--------------------------|-----------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) LESLIE | b. (Middle) L. | c. (Last) BARNES | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 21, 1956 |
|-------------------------------------|--------------------------|-----------------------|-------------------------|--|

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|--------------------|-------------------------------|---|--------------------------------------|---|---|---|
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH May 23, 1897 | 9. AGE (In years last birthday) 59 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming | 10b. KIND OF BUSINESS OR INDUSTRY farm | 11. BIRTHPLACE (City and State or Foreign Country) Seligman, Missouri | 12. CITIZEN OF WHAT COUNTRY USA |
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| 13a. FATHER'S NAME James Barnes | 13b. MOTHER'S MAIDEN NAME Rosa Rogers | 14. NAME OF HUSBAND OR WIFE Amelia Barnes |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Ray Barnes-Seligman, Missouri | ADDRESS |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| *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) Coronary Occlusion | DUPLICATE (b) (no doctor in attendance) | |
| | ANTECEDENT CAUSES | DUPLICATE (c) | |
| | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | |
| | II. OTHER SIGNIFICANT CONDITIONS | Conditions contributing to the death but not related to the disease or condition causing death. | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) 4201 |
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| | | |
|--|--|---------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 1956, and that death occurred at **8:16 P.M.**, from the causes and on the date stated above.

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|---|----------------------------------|----------------------------------|
| 23a. SIGNATURE (Degree or title) Grace Williams, Local Registrar | 23b. ADDRESS Cassville Mo | 23c. DATE SIGNED 11-10-56 |
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|---|---------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 10-25-56 | 24c. NAME OF CEMETERY OR CREMATORY Kings Cemetery | 24d. LOCATION (City, town, or county) (State) Barry County, Missouri |
|---|---------------------------|--|---|

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| DATE REC'D BY LOCAL REG. 11-10-56 | REGISTRAR'S SIGNATURE Grace Williams | 25. FUNERAL DIRECTOR'S SIGNATURE Culver's Funeral Home-Cassville, Missouri | ADDRESS |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1156-185

DATE REC. 11-14-56

MAR 28 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 *Paul D. Herbert*

Licensed Embalmer No...457...

P. O. Address Cassville, Mo.

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.