

No. 300
10.48

FILED NOV 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33323

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 4071 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Camden</u>	
b. CITY OR TOWN <u>Camdenton</u>		c. CITY OR TOWN <u>Camdenton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>9 mo.</u>		e. STREET ADDRESS (If rural, give location) <u>Camdenton Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Camdenton Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) <u>WALLACE</u> c. (Last) <u>BARNES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 9 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <u>Widowed</u> , DIVORCED (Specify)	8. DATE OF BIRTH <u>April 28-1870</u>		9. AGE (In years last birthday) <u>86</u> Months <u>6</u> Days <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>	
13a. FATHER'S NAME <u>John Henry Barnes</u>			13b. MOTHER'S MAIDEN NAME <u>Lucy Cummins</u>		14. NAME OF HUSBAND OR WIFE <u>Hattie Belle Barnes</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>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Haddy Moulder</u> ADDRESS <u>Camdenton Mo</u>	
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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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Interstitial Nephritis</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>1 yr.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____ DUE TO (c) _____	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <u>594x</u>	
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 May, 1956, to Nov-2, 1956, that I last saw the deceased alive on Nov-1, 1956 and that death occurred at 7:10 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. P. Plouffe M.D.</u>		23b. ADDRESS <u>Camdenton, Mo.</u>		23c. DATE SIGNED <u>11-5-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 4-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Trace Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Linn Creek, Camden Co. Mo</u>					

DATE REC'D BY LOCAL REG. <u>Nov-5-1956</u>		REGISTRAR'S SIGNATURE <u>Gilpha J. Draw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Banks-Woolley</u> ADDRESS <u>Camdenton Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

0150
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *Robert H. Reed*

Licensed Embalmer No. *3743*

P. O. Address *Camden*

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.