

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 5390

State File No. 37508

FILED NOV 21 1956

0330

| | | | | | | | | | |
|--|-------------------------------|--|---|---|---|---|---|--|-------|
| BIRTH NO. | | REG. DIST. NO. 100 | | PRIMARY REG. DIST. NO. 30-18 | | Registrar's No. 72 | | | |
| 1. PLACE OF DEATH a. COUNTY Dent | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural-Norman Twsp.) | | c. LENGTH OF STAY (in this place) 26 yrs | | c. CITY OR TOWN Route 2, Salem | | 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 (If not in hospital or institution, give street address or location) Route 2, Salem, Mo. | | | | e. STREET ADDRESS (If rural, give location) Rural-Norman Twsp. 0330 | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH | | | b. (Middle) FRANKLIN | | c. (Last) BARNES | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 19 1956 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower | 8. DATE OF BIRTH June 22, 1956 | | 9. AGE (In years last birthday) 87 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HR. Hours | Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired) | | 10b. KIND OF BUSINESS OR INDUSTRY Agriculture | | 11. BIRTHPLACE (City and State or Foreign Country) Dent County, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13a. FATHER'S NAME Thomas Barnes | | | 13b. MOTHER'S MAIDEN NAME Mary Blackwell | | 14. NAME OF HUSBAND/OR WIFE America A. Bailey (Deed) | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. Unknown | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Willis Barnes, Rte 2, Salem, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a), central sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) generalized arteriosclerosis DUE TO (c) sinusitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs | |
| 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) | | 21d. HOW DID INJURY OCCUR? | | | |
| 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"/> | | 22. I hereby certify that I attended the deceased from 11-6 1956 , to 11-9 1956 , that I last saw the deceased alive on 11-6 1956 , and that death occurred at 10:55A , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Name or title) Jos. D. ... | | | | 23b. ADDRESS Salem, Mo. | | 23c. DATE SIGNED 11-10-56 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Nov 11, 1956 | | 24c. NAME OF CEMETERY OR CREMATORY Barnes Cemetery | | 24d. LOCATION (City, town, or county) (State) Dent County, Missouri | | | |
| DATE REC'D BY LOCAL REG. 11-10-56 | | REGISTRAR'S SIGNATURE R. E. Mitchell, M.D. by ... | | 25. FUNERAL DIRECTOR'S SIGNATURE Max L. Warfel | | ADDRESS Salem, Mo | | | |

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

5-15

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.....
Max P. Wafer

Licensed Embalmer No. *4176*

P. O. Address *Salem, Me.*

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.