

FILED DEC 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41262

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 326

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Windsor</u>		c. CITY OR TOWN <u>Windsor</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>408 E. Colorado</u>		Length of stay in lb <u>7 yrs.</u>	
3. NAME OF DECEASED (Type or print) <u>William</u> First <u>Barnes</u> Middle Last		4. DATE OF DEATH Month <u>Dec.</u> Day <u>18</u> Year <u>1956</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 16, 1872</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Washington, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>	
13. FATHER'S NAME <u>John Barnes</u>		14. MOTHER'S MAIDEN NAME <u>Amebia Berry</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Mrs. W<sup>m</sup> Barnes</u>		Address <u>Windsor, 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>Acute Coronary Thrombosis</u> <u>Arteriosclerotic Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u> <u>2 1/2 yrs.</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4200	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u>5</u> a. m. <u>25</u> Month <u>Sept.</u> Day <u>13</u> Year <u>51</u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Windsor, Mo.</u>	
21. I attended the deceased from <u>Sept. 13 - 51</u> to <u>Dec. 18 - 56</u> and last saw her alive on <u>Dec. 18 - 56</u> Death occurred at <u>5:25 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22. DATE SIGNED <u>12-19-56</u>	
22a. SIGNATURE (Degree or title) <u>Quaiden M. Shurber, M.D.</u>		22b. ADDRESS <u>Windsor, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-19-1956</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Green Ridge</u>		23d. LOCATION (City, town, or county) (State) <u>Green Ridge Mo.</u>	
24. FUNERAL DIRECTOR <u>Ellis Huston</u>		25. DATE RECD. BY LOCAL REG. <u>12-21-56</u>	
ADDRESS <u>Windsor, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Michael Bigum</u>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 Clifford Gouge, Student Embalmer No. 52  
working under my personal supervision..

Student Clifford Gouge  
Signature of Student Embalmer

Signed Ellison H. Hinton

Licensed Embalmer No. 33

P. O. Address Wichita

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.