

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **42006**

FILED JAN 2 1957

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>201</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stoutland</u>		0520	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2 Miles South of Stoutland</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle) <u>Daniel</u>		c. (Last) <u>Barnes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 25, 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 19, 1897</u>	
				9. AGE (In years last birthday) <u>59</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Transportation</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cortland, N.Y.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James W. Barnes</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Cultowski</u>		14. NAME OF HUSBAND OR WIFE <u>Geraldine 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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. J. D. Barnes, Stoutland, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Nephritis</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <div style="text-align: right;">DUE TO (b) _____ DUE TO (c) _____</div>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cirrhosis of liver</u>				6 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. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 _____, 1952, to <u>Dec. 25, 1956</u> , that I last saw the deceased alive on <u>Dec. 24, 1956</u> , and that death occurred at <u>6:45A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Prochich, M.D.</u> (Degree or title)				23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>12/26/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/27/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New Lisbon, Wisc.</u>	
DATE REC'D BY LOCAL REG. <u>12-26-1956</u>		REGISTRAR'S SIGNATURE <u>Hella L. May</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Palmer</u> ADDRESS <u>Lebanon, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Received 12-31-56  
Laclede County Health Unit  
File No. 201  
Date Filed 12-31-56

JAN 10 1967

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 .....  
Student Embalmer

Signed

*Stanley R. Palmer*

Licensed Embalmer No. 4810

P. O. Address Lebanon, 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 this body is not embalmed, fact should be so stated above.