No. 300
10-48

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

FILED MAR 27 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2480

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 76

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico
c. LENGTH OF STAY in this place: 6 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Phillips Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution:—residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN: Clark
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): 100

3. NAME OF DECEASED (Type or Print): a. (First) Julia b. (Middle) Williams c. (Last) Barney

4. DATE OF DEATH (Month) (Day) (Year): Mar 16, 1957

5. SEX: Fe

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 13, 1876

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher Retired

10b. KIND OF BUSINESS OR INDUSTRY: Education

11. BIRTHPLACE (City and State or Foreign Country): Lincoln County, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Williams

13b. MOTHER'S MAIDEN NAME: Nancy Elizabeth Brooks

14. NAME OF HUSBAND OR WIFE: G. W. Barney, (Dec)

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.: none

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: James W. Barney, San Marino, Calif.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignancy of Liver — Interval between onset and death: 4 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 1561

20. AUTOPSY? YES ☐ NO ☒ 2

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-21, 1956 *to* 3-16, 1957, *that I last saw the deceased alive on* 3-16, 1957, *and that death occurred at* 8:05 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hans D Lanford M D

23b. ADDRESS: Mexico Mo

23c. DATE SIGNED: 3-20-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-20-57

24c. NAME OF CEMETERY OR CREMATORY: Wellsville Cem.

24d. LOCATION (City, town, or county) (State): Wellsville, Missouri

DATE REC'D BY LOCAL REG.: Mar. 20. 1957

REGISTRAR'S SIGNATURE: Blanche Neely

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: J B Kelly Wellsville Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed K B Kelly

Licensed Embalmer No. 15-8

P. O. Address Hellville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. ((Fail 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.