

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8075

State File No.

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. CITY OR TOWN Boonville <i>02720</i>	
c. LENGTH OF STAY (in this place) 0 1/2 Days.		Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		STREET ADDRESS (If rural, give location) 410 Center Ave.	

3. NAME OF DECEASED a. (First) Beryl		b. (Middle) E		c. (Last) Barnes		4. DATE OF DEATH (Month) (Day) (Year) March 12 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 17 1892	
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) Hannibal, Missouri.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor		10b. KIND OF BUSINESS OR INDUSTRY M.K. & T.R.R.		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME James Milton Barnes.		13b. MOTHER'S MAIDEN NAME Emma Thomas		14. NAME OF HUSBAND OR WIFE Mae Sanders Barnes.	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY (If yes, give war or dates of service) 702-10-2229		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. B. E. Barnes, Boonville, Mo.	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of lung with metastasis		
	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. Developed Arricular Fibrillation			

19a. DATE OF OPERATION ND		19b. MAJOR FINDINGS OF OPERATION 163x		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 <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 **Dec 56**, 19**56**, to **Mar 12**, 19**57**, that I last saw the deceased alive on **Mar 12**, 19**57**, and that death occurred at **2:00 pm**, from the causes and on the date stated above.

23a. SIGNATURE J C Beckett md (Degree or title)		23b. ADDRESS Boonville Mo		23c. DATE SIGNED 5-13-57	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE March 14 1957		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery Columbia, Missouri	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. 3/14/57		REGISTRAR'S SIGNATURE DO Hooper		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 26 1957

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 *William W. Wood*

Licensed Embalmer No. 4539

P. O. Address Boonville, MI

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.