

Health,
& Welfare
Public
Service

300
1-56

All
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

FILED APR 8 - 1957

STANDARD CERTIFICATE OF DEATH

9151

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 3030 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Festus		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Festus		0502 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 726 Moore St.				Length of stay in lb		d. STREET ADDRESS (If outside, give location) 726 Moore St	
3. NAME OF DECEASED (Type or print) First Alfred Middle Jasper Last Barningham				4. DATE OF DEATH Month Mar. Day 25 Year 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 26, 1874	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 4 Days 20	IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Building Trade		11. BIRTHPLACE (City and state or country) Grant County Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Barningham				14. MOTHER'S MAIDEN NAME Mary Fullbright			
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. 486 20 9174		17. INFORMANT Address Mrs. Ida Barningham, 726 Moore St Festus, Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease						INTERVAL BETWEEN ONSET AND DEATH 15 yrs plus	
Conditions, if any, which gave rise to above cause (a); stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 1. Parkinson's Disease. 2. Varicose veins.						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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 _____ a. m. _____ p. m.							
20d. INJURY OCCURRED WHILE AT WORK <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		COUNTY STATE	
21. I attended the deceased from May 22, 1931 to March 25, 1957 and last saw ^{her} him alive on March 23, 1957 Death occurred at 8:00 P.M. at home on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Dee, ee or title) John F. Rutledge M. D.				22b. ADDRESS Crystal City, Mo		22c. DATE SIGNED 3-26-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/27/57	23c. NAME OF CEMETERY OR CREMATORY Roselawn Memorial Gardens		23d. LOCATION (City, town, or county) (State) Festus, Mo.		
24. FUNERAL DIRECTOR ADDRESS Vinyard Funeral Home, Inc., Festus, Mo.			25. DATE RECD. BY LOCAL REG. 3-27-57		26. REGISTRAR'S SIGNATURE Gene G. Rigdon		

(Licensed Embalmer's Statement on Reverse Side)

502

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

APR 3 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 *Reith B. Vinson*.....

Licensed Embalmer No. *497*

P. O. Address *Festus,*

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.