

FILED APR 2 - 1957

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

11902

STATE FILE NUMBER

Registration District No. 374

Primary Registration District No. 4348

Registrar's No. 14

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY		Worth County Missouri 1130		a. STATE		Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only)		Worth 4548		c. CITY OR TOWN		Worth 1130	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Home in Worth 10 years		d. STREET ADDRESS		none	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First		Middle		Last		Month Day Year	
Benjamin		Franklin		Barnes		March-18-1957	
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male	white	<input type="checkbox"/>	<input type="checkbox"/>	December-5-1866	90	Months Days Hours Min.	3 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?	
farming		retired farmer		Worth County Missouri		U.S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
James Barnes				Elizabeth Bressler			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address			
no none		none		Roy Farr Worth Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:							10 Years
IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease							
Conditions, if any, which gave rise to above cause (a) DUE TO (b)							
stating the underlying cause last. DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
20a. ACCIDENT SUICIDE HOMICIDE							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							4221
20c. TIME OF INJURY Hour Month, Day, Year 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	
				Grant City Missouri			
21. I attended the deceased from 1950 to date and last saw him alive on head on arrival							
Death occurred at 10p m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title)				22b. ADDRESS		22c. DATE SIGNED	
Frank B. Anderson MD				Grant City Missouri		3-20-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial		Mar-20-57		Barnes Cemetery		Worth Mo	
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	
John Andrews Grant City Mo				Mo-3-28-57		Leta E. Dawson	
(Licensed Embalmer's Statement on Reverse Side)							

Health, Welfare Public Service

300 1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 John Andrews; Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed John Andrews

Licensed Embalmer No. 421

P. O. Address Grant City

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.