

FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31172

BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>5289</u>		Registrar's No. <u>91</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u> <u>6000</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Clay</u> <u>6000</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Cashland</u> 1 township)		c. LENGTH OF STAY (in this place) <u>27 yrs</u>		c. CITY OR TOWN <u>Cashland</u>		d. 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 <u>169 Highway</u>				STREET ADDRESS (If rural, give location) <u>169 Highway</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>			b. (Middle) <u>PLINY</u>		c. (Last) <u>BARNEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 7, 1957</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>JULY 11 1881</u>	
9. AGE (In years last birthday) <u>76</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>1 Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James P. Barney</u>		13b. MOTHER'S MAIDEN NAME <u>Arminde Dye</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel BARNEY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ethel Barney</u> ADDRESS <u>Cashland, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES <u>Angina Pectoris</u> 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.					INTERVAL BETWEEN ONSET AND DEATH <u>30 Mins</u> <u>unknown</u>
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 <u>Never</u> , 19 <u>—</u> , to _____, 19 <u>—</u> , that I last saw the deceased alive on <u>9-6</u> , 19 <u>57</u> , and that death occurred at <u>400 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Welda Sponteman</u>			23b. ADDRESS <u>1400 Park #1 Box 19 Galveston</u>			23c. DATE SIGNED <u>9-9-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-9-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barry Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Barry, Clay Co., Mo.</u>	
DATE REC'D BY LOCAL REG <u>9-9-57</u>		REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Neutomer</u> ADDRESS <u>Southern K.C. Mo.</u>			

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

Dr. Sportman
Cashland

SEP 2 4 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 *Glenn H. Hill*

Licensed Embalmer No. *458*

P. O. Address *K.C. 16*

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.