

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH41187
STATE FILE NUMBER

FILED DEC 3 - 1957

Registration District No. 226 Primary Registration District No. 5299 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Madison, R R; Marion Twps		c. CITY OR TOWN Madison	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION -----		d. STREET ADDRESS (If outside, give location) R R	
3. NAME OF DECEASED (Type or print) First Lyell Middle Robert Last Barnes		4. DATE OF DEATH Month 11 Day 25 Year 57	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-1-1889
9. AGE (In years last birthday) 68		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) Farming and Carpenter		10b. KIND OF BUSINESS OR INDUSTRY farming & Carpenter	11. BIRTHPLACE (City and state or country) Byone Co R R
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Thos T Barnes	
13b. MOTHER'S MAIDEN NAME Alice Connley		14. NAME OF HUSBAND OR WIFE Eva Brown	
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. 498-36-3281	17. INFORMANT Address Mrs. Lyell Barnes, Madison, 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) Chronic Myocarditis			INTERVAL BETWEEN ONSET AND DEATH NR
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b): DUE TO (c):			4222
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 1-11-41 to 11-25-57 and last saw him alive on 11-23-57		Death occurred at 3:15 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE F. A. Barnett MD. (Degree or title)		22b. ADDRESS Paris, Mo.	
22c. DATE SIGNED 11-25-57		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE Nov 27, 1957		23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery	
23d. LOCATION (City, town, or county) Madison, Mo		(State)	
24. FUNERAL DIRECTOR Fred A Thompson		ADDRESS Madison, Mo	
25. DATE RECD. BY LOCAL REG. 11-27-57		26. REGISTRAR'S SIGNATURE Elie Roberts	

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-5771
0

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 *Mrs. Fred A. Thompson*

Licensed Embalmer No. 3282
Madison, Mo
P. O. Address

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.