

FILED JAN 17 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

47707  
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 4547 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <b>North</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>North</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Grant City, MO</b>		c. CITY OR TOWN <b>Grant City, MO</b>	
FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Scott Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>I Year</b>	
3. NAME OF DECEASED (Type or print) First <b>Nora</b> Middle <b>Bell</b> Last <b>Barnes</b>		4. DATE OF DEATH Month <b>Dec</b> Day <b>31</b> Year <b>1957</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 5, 1873</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years at birthday) <b>84</b>
11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>WD, Thrasher</b>		13b. MOTHER'S MAIDEN NAME <b>Isabelle Corbet</b>	
14. NAME OF HUSBAND OR WIFE <b>Willis Barnes</b>		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. <b>None</b>		17. INFORMANT <b>Mrs James Parman</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic Cardiovascular Disease with hypertension</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 years</b>	
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). <b>443X</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20a. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20c. CITY, TOWN, OR LOCATION <b>Grant City, Missouri</b>		20d. COUNTY <b>MO</b>	
21. I attended the deceased from <b>Jan 1957</b> to <b>Dec 31, 1957</b> and last saw her alive on <b>Dec 31, 1957</b>		22. DATE SIGNED <b>1/3/58</b>	
22a. SIGNATURE <b>Frank B. Matteson M D</b>		22b. ADDRESS <b>Grant City, Missouri</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Jan 3, 1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Prarie Chapel Cemetry</b>		23d. LOCATION (City, town, or county) (State) <b>Denver MO</b>	
24. FUNERAL DIRECTOR <b>K. G. Bram</b>		25. DATE RECD. BY LOCAL REG. <b>Jan. 8. 1958</b>	
26. REGISTRAR'S SIGNATURE <b>Leta E. Dawson</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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. 4211

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.