

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1995

FILED FEB 3 1958

STATE FILE NUMBER

Registration District No. 207 Primary Registration District No. 5757 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Maries				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Maries			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Johnson twsp.				c. CITY OR TOWN Rural-Johnson twsp.			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 miles East of Vichy				d. STREET ADDRESS (If outside, give location) 2 miles East of Vichy			
3. NAME OF DECEASED (Type or print) First JOSEPH Middle BARNES Last BARNES				4. DATE OF DEATH Month January Day 18 Year 1958			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 1, 1872	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, retired		10b. KIND OF BUSINESS OR INDUSTRY Farming		9. AGE (In years last birthday) 85		11. BIRTHPLACE (City and state or country) Vichy, Missouri	
13a. FATHER'S NAME Henry Barnes		13b. MOTHER'S MAIDEN NAME Nancy Giesler		14. NAME OF HUSBAND OR WIFE Laura		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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. None		17. INFORMANT Floyd Barnes		Address Newburg, 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) Acute Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Nephritis DUE TO (c) Ch Nephritis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 592X						INTERVAL BETWEEN ONSET AND DEATH	
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 1:30 a.m. A. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT <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 St James, Mo		
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 1:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			22a. SIGNATURE (Degree or title) W. E. A. Scott M.D.		22b. ADDRESS St James, Mo		22c. DATE SIGNED 1-20-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 20, 1958		23c. NAME OF CEMETERY OR CREMATORY Wentzel Cemetery		23d. LOCATION (City, town, or county) (State) Maries County, Missouri	
24. FUNERAL DIRECTOR Paul E. Hull			ADDRESS Rolla, Mo.		25. DATE RECD. BY LOCAL REG. 1-25-58		26. REGISTRAR'S SIGNATURE Maybelle White

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Paul E. Null*

Licensed Embalmer No. *4498*

P. O. Address *Rolla, Mo.*

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.