

Health, Welfare, Public Service

300 0100
-56

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013262
STATE FILE NUMBER

FILED MAY 6 1958

Registration District No. 37 Primary Registration District No. 4044 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone 0100	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sturgeon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sturgeon
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sturgeon, Mo.		Length of stay in 1b 68 yrs.	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Frank M. Barnes			4. DATE OF DEATH Month Day Year 4 - 29 - 1958		
5. SEX Male <input checked="" type="checkbox"/>	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 29, 1875	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Month Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Knox Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Moses Barnes			14. MOTHER'S MAIDEN NAME Eliza Ayers		
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 Address Mrs. W.W. Waterfield, Sturgeon, 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 Aneurysmal Failure		INTERVAL BETWEEN ONSET AND DEATH 4 min	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral Hemorrhage		2 days
	DUE TO (c) Arteriosclerosis		33 1/2 years
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 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

21. I attended the deceased from April 1957 to April 29, 1958 and last saw him alive on April 29, 1958. Death occurred at 6:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Henry J. Stewart D.O. 2	22b. ADDRESS Sturgeon Mo	22c. DATE SIGNED 4-30-58
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE 5-1-1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Horeb Cemetery	23d. LOCATION (City, town, or county) (State) Sturgeon, Mo.
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24. FUNERAL DIRECTOR Bill J. Meador Centralia Missouri	25. DATE RECD. BY LOCAL REG. April 30-1958	26. REGISTRAR'S SIGNATURE Maud Mc Bride
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(Licensed Embalmer's Statement on Reverse Side)

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 *Bill J. Meador*.....
Licensed Embalmer No. *48*.....
P. O. Address *Centralia, WA*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.