

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026545
STATE FILE NUMBER

FILED JUL 24 1958 Registration District No. 282 Primary Registration District No. 4424 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cedar	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Humansville		c. CITY OR TOWN Stockton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Big Springs Nursing		d. STREET ADDRESS (If outside, give location) 3 miles north	

3. NAME OF DECEASED (Type or print) Charles Thomas Barnes			4. DATE OF DEATH July 13 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 1, 1869		9. AGE (In years last birthday) 88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and state or country) Jessup Indiana		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13. FATHER'S NAME Leonard Barnes			14. MOTHER'S MAIDEN NAME Sarah Landon		
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. Carrie Adams Eldorado Spring	

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 ?
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) Diabetes Mellitus		

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 _____ a. m. _____ p. m. _____		
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 COUNTY STATE

21. I attended the deceased from June 1, 1958 to July 13, 58 and last saw ^{her} him alive on June 30, 1958 Death occurred at 2:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) A. S. Saunders, D.O.	22b. ADDRESS Fair Play, Mo	22c. DATE SIGNED 7/14/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 15, 1958	23c. NAME OF CEMETERY OR CREMATORY Alder Cemetery	23d. LOCATION (City, town, or county) (State) Cedar Co. Mo.
24. FUNERAL DIRECTOR ADDRESS John Cantlon stockton, Mo	25. DATE RECD. BY LOCAL REG. July 16, 1958	26. REGISTRAR'S SIGNATURE Ralph Gordon per Jennell King	

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare Public Service 40 4 300 1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *John A. Cantlon*.....

Licensed Embalmer No. *438*

P. O. Address *Stockton, Ca.*

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.