

1-57

~~FILED AUG 11 1958~~

Registration District No. \_\_\_\_\_

290

Primary Registration District No.

4431

Registrar's No.

122

1. PLACE OF DEATH a. COUNTY <p>Pulaski</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <p>Missouri</p> b. COUNTY <p>Laclede</p>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <p>Dixon</p>		c. CITY OR TOWN <p>Rural Osage</p>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <p>1 Month</p>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <p>John Liford Barnes</p>		4. DATE OF DEATH Month Day Year <p>7 29 1958</p>	
5. SEX <p>Male</p>	6. COLOR OR RACE <p>White</p>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <p>11/20/1860</p>
9. AGE (In years last birthday) <p>97</p>		10. FUNDING YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p>Farming Retired</p>		10b. KIND OF BUSINESS OR INDUSTRY <p>Farm</p>	
11. BIRTHPLACE (City and state or country) <p>Brownfield, Missouri</p>		12. CITIZEN OF WHAT COUNTRY? <p>U. S. A.</p>	
13a. FATHER'S NAME <p>Unknown</p>		13b. MOTHER'S MAIDEN NAME <p>Mary Bench</p>	
14. NAME OF HUSBAND OR WIFE <p>Fannie Barnes</p>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p>No</p>	
16. SOCIAL SECURITY NO. <p>None</p>		17. INFORMANT Address <p>Mr. C. E. Quesenberry, Dixon, Missouri</p>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <p>Senility</p> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <p>or complications</p> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <p>794X</p>		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 Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <p>July 21 '58</p> to <p>July 28 '58</p> and last saw him alive on <p>July 28 1958</p> Death occurred at <p>6:40 P. m</p> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <p>K. W. Morrison, D.O.</p>	
22b. ADDRESS <p>Dixon, Mo.</p>		22c. DATE SIGNED <p>7-30-58</p>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <p>Burial</p>		23b. DATE <p>7/31/1958</p>	
23c. NAME OF CEMETERY OR CREMATORY <p>Oakland Cemetery</p>		23d. LOCATION (City, town, or county) (State) <p>Laclede County, Missouri</p>	
24. FUNERAL DIRECTOR ADDRESS <p>Gilbert Funeral Home, Inc., Dixon, Mo.</p>		25. DATE RECD. BY LOCAL REG. <p>7-31-58</p>	
26. REGISTRAR'S SIGNATURE <p>[Signature]</p>		26. REGISTRAR'S SIGNATURE <p>[Signature]</p>	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

# MEDICAL CERTIFICATION

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 *Maurice Scherbaum* .....

Licensed Embalmer No. *4505* .....

P. O. Address... *Dixon, Missouri* .....

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.