

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043664

STATE FILE NUMBER

FILED DEC 29 1958		Registration District No. 100		Primary Registration District No. 3018		Registrar's No. 113	
1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Salem		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 701 W. 1st St		Length of stay in lb Years		d. STREET ADDRESS (If outside, give location) 701 W. 1st St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last SIDNEY VERNON BARNES				4. DATE OF DEATH Month Day Year Dec 23 1958			
5. SEX 0 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 May 30 1875	
9. AGE (In years last birthday) 83		10. IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) Clay County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner (Ret.)		10b. KIND OF BUSINESS OR INDUSTRY Mining		13a. FATHER'S NAME Unknown Barnes		13b. MOTHER'S MAIDEN NAME Cosby McGuire	
14. NAME OF HUSBAND OR WIFE Mary I. Barnes (Dec'd)		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 Alva Steelman	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic heart disease</i>		19. INTERVAL BETWEEN ONSET AND DEATH <i>3 years</i>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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)		21. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4200	
20c. TIME OF INJURY Hour Month, Day, Year 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 <i>10/28/44</i> to <i>12/16/58</i> and last saw him alive on <i>12/16/58</i> Death occurred at <i>1:25</i> A m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>Martin M. Warfel</i> (Degree or title)		22b. ADDRESS <i>Salem, Missouri</i>		22c. DATE SIGNED <i>12/23/58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE <i>12/24/58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Cedar Grove Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Salem Missouri</i>	
24. FUNERAL DIRECTOR Max L. Warfel		ADDRESS Salem, Mo.		25. DATE RECD. BY LOCAL REG. <i>12/23/58</i>		26. REGISTRAR'S SIGNATURE <i>M. M. Warfel, M. D. by G. H.</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Max R. Waibel

Licensed Embalmer No. 4173

P. O. Address Salem, 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.

DEC 30 1958