

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004095

STATE FILE NUMBER

FILED JAN 26 1959

Registration District No. 324 Primary Registration District No. 4479 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Queen City</u>		c. CITY OR TOWN <u>Queen City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Doctors office</u>		d. STREET ADDRESS (If outside, give location) <u>20 min</u>	
3. NAME OF DECEASED (Type or print) First <u>ROY</u> Middle <u>B</u> Last <u>BARNARD</u>		4. DATE OF DEATH Month <u>Jan</u> Day <u>12</u> Year <u>'59</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar. 15 '88</u>
9. AGE (In years) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>	
11. BIRTHPLACE (City and state or country) <u>Oneida, Kans.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Henry Barnard</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa (last unknown)</u>	
14. NAME OF HUSBAND OR WIFE <u>Frederick Barnard</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <u>yes Spanish American</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Wm. Francis Snider</u> Address <u>Queen City, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Rupture abdominal aortic aneurysm</u> DUE TO (b) <u>atherosclerosis</u> DUE TO (c) <u>-</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u> <u>10 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized atherosclerosis</u>		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.) <u>-</u>		
20c. TIME OF INJURY Hour <u>-</u> Month, Day, Year <u>-</u>	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.) <u>-</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>8/22/50</u> to <u>1/12/59</u> and last saw him alive on <u>1/12/59</u> Death occurred at <u>3:45</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>William S. Roberts, D.O.</u>		22b. ADDRESS <u>Queen City, Mo.</u>	
22c. DATE SIGNED <u>1/12/59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Jan. 14 '59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Queen City Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Queen City</u>		23e. STATE <u>Mo</u>	
24. FUNERAL DIRECTOR <u>Dooley Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>1-14-59</u>	
26. REGISTRAR'S SIGNATURE <u>Wm. S. Roberts</u>		27. (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.

JAN 27

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 .....

Licensed Embalmer No....4619...

P. O. Address...Quebec City...

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.