

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006270

STATE FILE NUMBER

FILED MAR 9 1959

Registration District No. 178

Primary Registration District No.

Registrar's No. 19

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN La Belle		c. CITY OR TOWN La Belle	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Ernest Middle E. Last Barnes		4. DATE OF DEATH Month February Day 27 Year 1959	
5. SEX Male	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 September 14, 1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 84
11. BIRTHPLACE (City and state or country) Lewis County		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Barnes		13b. MOTHER'S MAIDEN NAME Eliza Orr	
14. NAME OF HUSBAND OR WIFE Fannie Hunter Barnes		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 Mrs. Mattie Blair	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Prolonged illness bed fast 1 year DUE TO (b) Sensitivity DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
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 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 La Belle Lewis	
20g. COUNTY Missouri		20h. STATE Missouri	
21. I attended the deceased from 1957 to 2-27-59 and last saw her/him alive on 2-27-59 Death occurred at 2 a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. V. Coates		22b. ADDRESS La Belle	
22c. DATE SIGNED 2-28-59		23. NAME OF CEMETERY OR CREMATORY La Belle Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/1/1959	
23c. LOCATION (City, town, or country) La Belle, Missouri		23d. (State)	
24. FUNERAL DIRECTOR James A. Cochr Jr. La Belle, Mo.		25. DATE RECD. BY LOCAL REG. 3-5-'59	
26. REGISTRAR'S SIGNATURE P. W. Jennings, M.D.			

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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 myself, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed J. Adams Jr.
Licensed Embalmer No. 4328

P. O. Address La Belle

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.