THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009013

STATE FILE NUMBER

FILED APR 14 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 351 A

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home — Length of stay in 1b 12 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield 6396 c — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 2850 Cherry — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Ida Middle Mae Last Barner

4. DATE OF DEATH Month 4 Day 1 Year 59

5. SEX Female

6. COLOR OR RACE White

7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 1-12-1903

9. AGE (In years last birthday) 56 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) Oakland, Ark.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James B. Wilbanks

14. MOTHER'S MAIDEN NAME Lucinda Mallonee

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 498-28-3293

17. INFORMANT Address Sam Barner, Springfield, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Melanosarcoma, from thyroid gland?

INTERVAL BETWEEN ONSET AND DEATH 1 year

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) 194X

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year —

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Nov. 1952, to April 1959 and last saw her/him alive on 4-1-59. Death occurred at 1:10 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Gene W. Faithing M.D.

22b. ADDRESS 808 Medical Arts Springfield, Mo.

22c. DATE SIGNED 4-4-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b DATE 4-3-59

23c. NAME OF CEMETERY OR CREMATORY Pontiac

23d. LOCATION (City, town, or county) Ozark Co. (State) Mo

24. FUNERAL DIRECTOR ADDRESS Clinkingbeard, Gainesville

25. DATE RECD. BY LOCAL REG. 4-7-59

26. REGISTRAR'S SIGNATURE Effie G. Mellon

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

AUG 24 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John R. Usey.....

Licensed Embalmer No. 208

P. O. Address Gainesv

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.