Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012875
STATE FILE NUMBER

FILED MAY 12 1959 Registration District No. 113 Primary Registration District No. 5430 Registrar's No. 699

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Franklin
c. CITY OR TOWN St. Clair — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS Central Twp. (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Vester Middle: Last: Barns
4. DATE OF DEATH Month Day Year: May 4, 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Dec. 19, 1894
9. AGE (In years last birthday): 64 — 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): Shoe Worker-Retired
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Factory
11. BIRTHPLACE (City and state or country): St. Clair, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: David Barns
13b. MOTHER'S MAIDEN NAME: Rosie Hancox
14. NAME OF HUSBAND OR WIFE: Cleona Barns
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 498-22-3134
17. INFORMANT: Donald Barns — Address: St. Clair, 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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary sclerosis — 4 yrs.
DUE TO (c) Arteriosclerotic Heart Disease — yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
11260
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 July 1956 to May 4, 1959 and last saw her/him alive on May 4, 1959
Death occurred at 10:00 A m on the date stated above and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Donald Lane MD
22b. ADDRESS: Fulton, Mo
22c. DATE SIGNED: 5/5/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 6, 1959
23c. NAME OF CEMETERY OR CREMATORY: Anaconda Cemetery
23d. LOCATION (City, town, or county) (State): Anaconda, Mo.
24. FUNERAL DIRECTOR: Casey-Lenox — ADDRESS: St. Clair, Mo.
25. DATE RECD. BY LOCAL REG.: 5-5-59
26. REGISTRAR'S SIGNATURE: Charles Smith

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Secondary conditions, etc. must be only symptom or manifestations in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MAY 13 1959

MAY 14 1959

MAY 20 1959

MAY 13 1959

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 K. M. LENOX, JR., Student Embalmer No. 575 working under my personal supervision.

Student K. M. Lenox, Jr.
Signature of Student Embalmer

Signed K. M. Lenox

Licensed Embalmer No. 3601

P. O. Address St. Louis, 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.