

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024285

FILED VS AUG 3 1959 042

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 767

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clinton</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Agency township</b>		Length of stay in 1b		c. CITY OR TOWN <b>Gower, Missouri</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Highway 169 at Platte River</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>RFD #2 Gower, Missouri</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Elizabeth (Lizzie) Lee Barnard</b>				4. DATE OF DEATH Month <b>July</b> Day <b>24</b> Year <b>1959</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/17/1878</b>	9. AGE (last birthday) <b>80</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (City and state or country) <b>Miller, Indiana</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Jacob Strough</b>			13b. MOTHER'S MAIDEN NAME <b>Virginia Peterson</b>			14. NAME OF HUSBAND OR WIFE <b>Andy Bernard</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Mrs. Ethel Korneman, Faucett, Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Traumatic shock, bleeding cerebral vessels</b> DUE TO (b) <b>Car auto accident, fracture right thigh</b> DUE TO (c) <b>Plunged from river bridge</b> 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 <b>at once</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Death occurred as passenger on head of bridge struck by car and plunged to dry riverbed</b>						
20c. TIME OF INJURY Hour <b>11</b> a.m. <b>July 24 59</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>on highway 169 east</b>	20f. CITY, TOWN, OR LOCATION <b>Gower</b>	COUNTY <b>Buchanan</b>	STATE <b>MO</b>			
21. I attended the deceased from _____ to _____ and last saw him alive on <b>July 24 59</b> Death occurred at <b>11 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>J. M. Coroner M.D. Coroner</b>				22b. ADDRESS <b>214 West 8th St. Gower, Mo</b>		22c. DATE SIGNED <b>July 24 59</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>July 24, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Graceland Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Cameron, Missouri</b>				
24. FUNERAL DIRECTOR <b>Heaton + Bowman</b>			ADDRESS <b>St. Joseph, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>July 30, 1959</b>	26. REGISTRAR'S SIGNATURE <b>Mr. Clark Standell</b>		

DOCUMENT

BY AFFIDAVIT OF **St. Melaney, M.D.** 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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William Spalding

Licensed Embalmer No. 4535

P. O. Address St. Louis, Mo.

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