

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-037144

FILED VS NOV 12 1959 278

Registration District No.

Primary Registration District No.

3054

Registrar's No.

129

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) LOUISIANA		c. CITY OR TOWNSHIP BOWLING GREEN	
Length of stay in 1b 3 DAYS		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) PIKE CO HOSPITAL		d. STREET ADDRESS (If outside, give location) 204 E COLLEGE	
Inside Limits Yes ☒ No ☐		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) FRED MOSES BARNES		4. DATE OF DEATH Month NOV Day 2 Year 1959	
5. SEX M	6. COLOR OR RACE W	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 4/30/1892
9. AGE (last birthday) 67		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRAYAGE		10b. KIND OF BUSINESS OR INDUSTRY TRUCKING	
11. BIRTHPLACE (City and state or country) MOZIER ILL		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JAMES F BARNES		13b. MOTHER'S MAIDEN NAME SUSAN E BLACKORBY	
14. NAME OF HUSBAND OR WIFE BUNKER HILL		Address ILLINOIS	
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. 712-12-5330A	
17. INFORMANT ALVIN W BARNES		Address ILLINOIS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, hypostatic Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. myocardial failure DUE TO (b) 10 " DUE TO (c) 7 day		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
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 1:50 p.m. Month 5 Day 5 Year 1959			
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 OCT 30/59 to NOV 2/59 and last saw her alive on NOV 2/59 Death occurred at 1:50 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. L. Bilyea DO (Degree or title)		22b. ADDRESS Louisiana Mo.	
22c. DATE SIGNED NOV 5, 59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE NOV 4-59	
23c. NAME OF CEMETERY OR CREMATORY GREEN WOOD		23d. LOCATION (City, town, or county) (State) CLARKSVILLE, MO.	
24. FUNERAL DIRECTOR CORROLL COLLIER-CLARKSVILLE, MO.		25. DATE RECD. BY LOCAL REG. NOV 6. 1959	
26. REGISTRAR'S SIGNATURE Bernice Luller			

(Licensee's Statement on Reverse Side)

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. _____

P. O. Address _____

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.