

# URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-043069

FILED VS. NOV 30 1959 347

STATE FILE NUMBER

321

ENDED

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY Stone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stone				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grant		Length of stay in 1b		c. CITY OR TOWN Aurora		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS R#1		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Robert Lee Barnes				4. DATE OF DEATH Month Day Year November 12 1959				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/6/99	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Viola, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME John S. Barnes			13b. MOTHER'S MAIDEN NAME Clarindia VanVector			14. NAME OF HUSBAND OR WIFE Kate 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.		17. INFORMANT Address Mrs Kate Barnes, Aurora, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Embolism</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <i>Phenothiazine Carditis</i> 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)							INTERVAL BETWEEN ONSET AND DEATH <i>Fastest</i> <i>6 months</i>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			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. Month, Day, Year								
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		COUNTY	STATE	
21. I attended the deceased from <i>1938</i> to <i>Nov 12-1959</i> and last saw him alive on <i>Nov 7-1959</i> . Death occurred at <i>11:20 A</i> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>A. P. Caputo</i> (Degree or title) <i>M.D.</i>				22b. ADDRESS <i>Crane Mo.</i>		22c. DATE SIGNED <i>11-14-59</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE <i>11/14/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mars Hill</i>		23d. LOCATION (City, town, or county) (State) <i>Barry County Missouri</i>			
24. FUNERAL DIRECTOR Manlove Funeral Home Crane Mo				25. DATE RECD. BY LOCAL REG. <i>Nov. 21-1959</i>		26. REGISTRAR'S SIGNATURE <i>Miss J. E. Elmer Bussan</i> <i>per Anna Murray</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

~~embalmer~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*George H. Manly*

Licensed Embalmer No. 3827

P. O. Address Orion, 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.