

FEDERAL BUREAU OF INVESTIGATION
FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020001

FILED VS MAY 23 1960 179

Primary Registration District No. 5667 Registrar's No. 73

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford		Length of stay in 1b 3 da.		c. CITY OR TOWN Troy		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Lincoln County Memorial Hospital INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HOWARD Middle HENRY Last BARNES				4. DATE OF DEATH Month MAY Day 14 Year 1960			
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-25-1884	
9. AGE (last birthday) 75		IF UNDER 1 YEAR Months 8 Days 19		IF UNDER 24 HR Hours 19 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - General				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Troy Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.							
13a. FATHER'S NAME Tice Barnes				13b. MOTHER'S MAIDEN NAME Isabelle Creech		14. NAME OF HUSBAND OR WIFE Olie Mae Barnes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) None				16. SOCIAL SECURITY NO. 486-14-1061		17. INFORMANT Harold Barnes Address Troy 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) Cerebral Vascular Accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
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 checked="" 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 July 1958 to May 14/60 and last saw him alive on May 14/60 Death occurred at _____ on the _____ date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J. Lebeck (Degree title)				22b. ADDRESS Troy Mo		22c. DATE SIGNED	
23a. BURIAL, CREMATION REMOVAL (Specify)		23b. DATE May 17, 1960		23c. NAME OF CEMETERY OR CREMATORY Old Alexander Cemetery		23d. LOCATION (City, town, or county) (State) Lincoln County Mo.	
24. FUNERAL DIRECTOR DW. McCoy Troy Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 5-16-1960		26. REGISTRAR'S SIGNATURE Charlotte Leck	

(Licensed Embalmer's Statement on Reverse Side)

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

D.W. McCoy

Licensed Embalmer No. *7086*

P. O. Address

Troy 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.