	DI ILEI	IVISION OF HEALTH — STANDARD CERTIFICATE (D VS JUL 5 1960 / O Primary Registration District No. 30	7/00-022204
NDED	_	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before
		e. COUNTY Audrain b. CITY (If outside corporate limits, give TOWNSHIP only) OR Length of stay in 11	a. STATE Mo. b. COUNTY Audrain admission) c. CITY OR Inside Limits
		TOWN Mexico Years c. FULL NAME OF (If NOT in hospital, give location) Inside Limits HOSPITAL OR	TOWN Mexico d. STREET ADDRESS (If cutside, give location) Reside on Farm
	4	INSTITUTION Audrain Co. Hosp. Yes X No D	RFD # 3 Yes № No □
		(Type or print) Melville Lawrence	Barnes DEATH June 24, 1960
		5. SEX 6. COLOR OR RACE 7. Married X Never Married [Widowed Divorced [White 10s. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUS	1-8-84 76 Months Days Hours Min.
		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 13b. MOTHER'S MAIDEN NA	Kirksville, Mo. U.S.A.
		Moses Barnes Eliza Ayer	Pauline Rosenfelter
		(Yes, no, or unknown) (If yes, give war or dates of service) (6-12-27/3) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	Mrs. Pauline Barnes Mexico Mo
	DOCUMEN.	IMMEDIATE CAUSE (a)	Lemaninga ONSET AND DEATH
	000	Conditions, if any, which gave rise to	lerosis -
	-	stating the under- lying cause last. DUE TO (c)	enter
	;	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE. disease condition given in PART (a)	ATH but not related to the terminal PART III. If deceased was female was there a pregnancy in last 90 days.
		<u> </u>	OW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
		ZOc. TIME OF Hour Month, Day, Year INJURY a.m. p.m.	
		20d. INJURY OCCURRED 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
		1 4:20	the date stated above, and to the best of my knowledge, from the causes stated.
	PO.	22a. SIGNATURE (Degree or title)	22b. ADDRESS 22c. DATE SIGNED
	AFFIDAVIT	23s. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR C	
	BY AFF	24. FUNERAL DIRECTOR ADDRESS 510 S. Wash 0	etery Columbia. Mo. ATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE ATE ACCOUNTS AND A COLUMBIA AND A COLUM
	ا۳	Arnoid Funeral Home Mexico. Mo. V.	ement on Reverse Side)

TATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is re	ecorded on the reverse side of this certificate was embalmed by
or by	, Student Embalmer No
working under my personal supervision. Student	Signed Delaced 4 Millon
Signature of Student Embalmer	Licensed Embalmer No P. O. Address Velices

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

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