

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-030367

FILED VS. SEP 6 1960

STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 129

1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Howell			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN West Plains		Length of stay in 1b 6 days		c. CITY OR TOWN West Plains		Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION W. Plains, Mem. Hosp.			Inside Limits Yes ☐ No ☐		d. STREET ADDRESS (If outside, give location) Route 3		Reside on Farm Yes ☐ No ☐
3. NAME OF DECEASED (Type or print) First Sarah Middle Sophonria Last Barnes				4. DATE OF DEATH Month August Day 21 , Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 9-20-67	9. AGE (last birthday) 92	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (City and state or country) Wayne City, Ill.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME ?		13b. MOTHER'S MAIDEN NAME ?		14. NAME OF HUSBAND OR WIFE F. W. 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. None		17. INFORMANT Address Albert Barnes, R 3, W. Plains, 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) Acute Cordiac Arrest						INTERVAL BETWEEN ONSET AND DEATH 6 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 2 fractures of pelvis DUE TO (c) Hypocorditis, Osteoarthritis & Arteriosclerosis							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pt fell 8/16/60 & got 2 fractures of pelvis						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.) Fall in Home					
20c. TIME OF INJURY Hour 8-16-60 p.m.		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.) Home		20f. CITY, TOWN, OR LOCATION West Plains, Mo. RR 3-Howell, Mo		COUNTY		STATE	
21. I attended the deceased from 16-8-60 to 21-8-60 and last saw her alive on 21-8-60 Death occurred at 530 pm on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Beatrice Cook (Degree or title)				22b. ADDRESS West Plains, Mo		22c. DATE SIGNED 28/8/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-23-1960		23c. NAME OF CEMETERY OR CREMATORY Big Springs Cemetery		23d. LOCATION (City, town, or county) (State) Howell County, Missouri	
24. FUNERAL DIRECTOR Island Carter - West Plains Mo 9-1-60 ADDRESS				25. DATE RECD. BY LOCAL REG. Beatrice Cook		26. REGISTRAR'S SIGNATURE	

(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

Richard Carter

Licensed Embalmer No. 4571

P. O. Address West

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.