

FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
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FILED VS SEP 19 1960

-60-034057

STATE FILE NUMBER

Registration District No. 50 Primary Registration District No. 5179 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Camden			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Camden		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osage Township		Length of stay in 1b 1 1/2 yrs.	c. CITY OR TOWN Camdenton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Camdenton Star Route, b			d. STREET ADDRESS (If outside, give location) Lake Road 54 - 81	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Elmer Rouhl Barnes			4. DATE OF DEATH Month Day Year 9 - 13 - 1960		
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 12-3-1908	9. AGE (last birthday) 51	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 9 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) Paxton Illinois	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Barnes		13b. MOTHER'S MAIDEN NAME Nettie Morrison		14. NAME OF HUSBAND OR WIFE Etta 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. 35-03-8060	17. INFORMANT Address Mrs Etta Barnes, Camdenton Mo			
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION					INTERVAL BETWEEN ONSET AND DEATH 1 MINUTE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) RHEUMATIC HEART DISEASE					
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. 9:30 p.m.	Month, Day, Year 9/13/1960	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 CAMDENTON, MO	STATE
21. I attended the deceased from NOT SEEN PRIOR TO DEATH and last saw her him alive on _____ Death occurred at 9:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (In type or title) R. B. Holley M.D.			22b. ADDRESS CAMDENTON, MO		22c. DATE SIGNED 9-15-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/17/60	23c. NAME OF CEMETERY OR CREMATORY Paxton Cemetery		23d. LOCATION (City, town, or county) (State) Paxton Illinois	
24. FUNERAL DIRECTOR ADDRESS Reed Funeral Home, Camdenton Mo		25. DATE RECD. BY LOCAL REG. Sept. 15-1960	26. REGISTRAR'S SIGNATURE Zilpha J. Inaw.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 23 1960

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 Robert H Reef

Licensed Embalmer No. 3745

P. O. Address Camden NJ

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.