

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035337

FILED VS. SEP 26 1960 / 69

STATE FILE NUMBER
25

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

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Mo b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 8 mi SE of Edina		Length of stay in 1b 49 yrs	c. CITY OR TOWN 8 Mi SE of Edina 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 checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First PEARL Middle BELL Last BARNES			4. DATE OF DEATH Month Sept Day 18 Year 1960		
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar 3, 1895	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homekeeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Freemont, Iowa	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George Weaver		13b. MOTHER'S MAIDEN NAME Sarah Parker		14. NAME OF HUSBAND OR WIFE Wm. H. 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. unknown	17. INFORMANT Wm. H. Barnes Address Edina, Mo		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 5 days 20 yrs
IMMEDIATE CAUSE (a)	diabetic acidosis	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	diabetes mellitus	
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 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 Edina, Missouri	COUNTY Knox	STATE Mo
21. I attended the deceased from Sep. 18th 1960 to Sep. 18th 1960 and last saw her him alive on Sep. 18th 1960 Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Francis Tarrydas M.D.		(Degree or title)	22b. ADDRESS Edina Missouri	22c. DATE SIGNED Sep. 19th 1960
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 21 Sept '60	23c. NAME OF CEMETERY OR CREMATORY Harmony Cemetery		23d. LOCATION (City, town, or county) (State) Knox County, Mo
24. FUNERAL DIRECTOR HUDSON-RIMER FUNERAL HOME		ADDRESS Edina, Mo	25. DATE RECD. BY LOCAL REG. Sep. 21-1960	26. REGISTRAR'S SIGNATURE Yule A. Small

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

SEP 27 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 A. G. Rimmer

Licensed Embalmer No. 504

P. O. Address Edina,

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.