

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-037644**

**FILED VS OCT 20 1960**

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 279

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fulton</b>		Length of stay in lb <b>14</b> days	c. CITY OR TOWN <b>Columbia</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hospital No. 1</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Route 7</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>T.</b> Last <b>Barnes, Sr.</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>11,</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-22-1882</b>	9. AGE (last birthday) <b>78</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Wesley Barnes</b>		13b. MOTHER'S MAIDEN NAME <b>Queen Eliza Coates</b>		14. NAME OF HUSBAND OR WIFE <b>Virginia Barnes</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unk</b>		16. SOCIAL SECURITY NO. <b>unk</b>	17. INFORMANT Address <b>State Hospital No. 1 Fulton, Mo.</b>		

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
IMMEDIATE CAUSE (a) <b>Myocardial infarct</b>		<b>12 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Acute anemia from duodenal ulcer, bleeding</b>	<b>24 hours</b>
	DUE TO (c) <b>Acute and Chronic Brain Syndrome with arteriosclerosis</b>	
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 checked="" 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 Month, Day, Year a.m. p.m.	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		COUNTY STATE
<b>State Hospital No. 1 9-27-60</b>		<b>Fulton, Mo.</b>	
21. <input checked="" type="checkbox"/> attended the deceased from <b>10:40 A.M.</b> to <b>10:40 P.M.</b> Death occurred at <b>10:40 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <b>Fred P. Honder M.D.</b>		22b. ADDRESS <b>Fulton, Mo.</b>	22c. DATE SIGNED <b>10-11-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>10/11/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Columbia Missouri</b>	23d. LOCATION (City, town, or county) (State) <b>Columbia Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>PARKERS FUNERAL SERVICE Columbia, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Oct-11-1960</b>	26. REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 21 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

*J. W. Phillips*

Licensed Embalmer No. 4897

P. O. Address

*Columbus, N.C.*

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