	R	egistration District No	10 Pri	mary Registration	District No.300	2 Registrar's No.	87	STATE FILE	NUMBER
4	11	<u>-ED MAY </u>	3 1061				<u> </u>		
_	1	. PLACE OF DEATH	201			11	NCE (Where deceased		
		a. COUNTY	Audrain			a. STATE Mis	sourt count	' Audrain	admission)
		b. CITY (If outside co	orporate limits, give TOWN	SHIP only)	Length of stay in 1b	c. CITY OR		<u> </u>	Inside Limits
		TOWN	Mexico		ľ		'arber		Yes 🔯 No [
	_	c. FULL NAME OF (IF HOSPITAL OR INSTITUTION	NOT in hospital, give loc	ation)	Inside Limits	d. STREET		de, give location)	Reside on Far
-			Audrain Ho	Cotton	Yes 🖫 No 🗋	ADDRESS	•		Yes   No !
	_		Rudiain no	Shirar	ð¥ □	<u>ll</u>	<del></del>		
1	3	3. NAME OF DECEASED (Type or print) 5. SEX	D First		Middle	Last	4. DATE	Month Da	y Year
			Herbert	T	Lester	Barnes	DEATH Apr	41 2	9, 1961
	_		6. COLOR OR RACE	7. Married (				day)   IF UNDER 1 Y	
	J			Widowed	_		1	Months Da	
		Male	White	1	BUSINESS OR INDUST	11-70-799	5 75		05 161147 501117
l	10	a. USUAL OCCUPATION	N (Give kind of work done include even if retired)	106. KIND OF	BOSINESS OK INDUST		•	itry) 12. CITIZEN	OF WHAT COUNT
1	L	aborer	ing life, even if retired)	No. Ame	erican Ref	'r <u>. V</u> anda	lia, Mo.	U. S	. A.
	13	a. FATHER'S NAME		13b. M	OTHER'S MAIDEN NAM	WE	14. NAME	OF HUSBAND OR W	VIFE
		David Ba	ames	La	avinna Had	lsell	Minn	ie Jo Ba	rnes
ŀ	15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES	? 16. S	OCIAL SECURITY NO.	17. INFORMANT		Address	
	(Y	es, na_or_unknown)  (I:	f yes, give war or dates of	service)	4-09-0606	Roy Barn	ec Vanda	lia Mo	
			H (Enter only one cause pe		INOJ DETI	vanda	<u> </u>	INTERVAL BETWE	
Z	1	PART I	DEATH WAS CALISED BY	1.	, and (c).				
DOCUMENT		Conditi which o	IMMEDIATE CAUSE (cons, if any, ) DUE TO (cons, if any, )	b) Cons	erstive !	CAOSIS !	Stevens	ر2	3 MM
DOCUA		which ( above stating	cause (a), the under-		estive !	CAOSIS (	ALURE Semena	ر4	3 MAN 18
DOCUA	NC	which of above stating lying	cause (a), the under-cause last. DUE TO	(c)				ART III. If decease	3 Mya S
DOCUA	ATION	which of above stating lying	cause (a), the under- cause last. DUE TO	(c)				ART III. If decease there a pre	d was female
DOCUA	FICATION	which of above stating lying	Cause (a), the under- cause last.  DUE TO  I. OTHER SIGNIFICANT of disease condition given	(c)CONDITIONS CO	DINTRIBUTING TO DEA	TH but not related to	o the terminal P/	ARY III. If decease there a pre	d was female ignancy in last 90
DOCUA	CERTIFICATION	which above stating lying PART 1	cause (a), the under-cause last. DUE TO	(c)CONDITIONS CO	DINTRIBUTING TO DEA		o the terminal P/	ARY III. If decease there a pre	d was female ignancy in last 90
DOCUA	AL CERTIFICATION	PART I  19. WAS AUTOPSY PERFORMED? YES   NO	cause (a), the under-cause last. DUE TO  I. OTHER SIGNIFICANT disease condition given  20a. ACCIDENT SUICIL	(c)	DINTRIBUTING TO DEA	TH but not related to	o the terminal P/	ARY III. If decease there a pre	d was female ignancy in last 90
DOCUA	CAL	PART I  19. WAS AUTOPSY PERFORMED? YES NO CONTINUE OF HOUSE INJURY a.m.	cause (a), the undercause last. DUE TO  1. OTHER SIGNIFICANT disease condition given  20a. ACCIDENT SUICIT	(c)	DINTRIBUTING TO DEA	TH but not related to	o the terminal P/	ARY III. If decease there a pre	d was female ignancy in last 90
DOCUA	MEDICAL CERTIFICATION	19. WAS AUTOPSY PERFORMED? YES   NO 20c. TIME OF Hou	cause (a), the undercause last. DUE TO  1. OTHER SIGNIFICANT disease condition given  20a. ACCIDENT SUICH  Month, Dey, Year	(c)CONDITIONS CC in PART 1 (a)  DE HOMICIDE	ONTRIBUTING TO DEA	TH but not related to	o the terminal P/	ART III. If decease there a pre	gnancy in last 90
DOCUA	CAL	19. WAS AUTOPSY PERFORMED? YES NO	Cause (a), the under-cause last. DUE TO  1. OTHER SIGNIFICANT disease condition given  20a. ACCIDENT SUICH  Month, Dey, Year  EED 20e. PLACE	CONDITIONS CO	20b. DESCRIBE HO	TH but not related to	o the terminal P/	ARY III. If decease there a pre	ad was female ignancy in last 90  No Unker III of item 18.)
DOCUA	CAL	PART I  19. WAS AUTOPSY PERFORMED? YES NO AUTOPSY NO AUTOPSY PERFORMED? NO AUTOPSY NO AU	Cause (a), the under-cause last. DUE TO  I. OTHER SIGNIFICANT disease condition given  20a. ACCIDENT SUICII	(c)CONDITIONS CC in PART 1 (a)  DE HOMICIDE	20b. DESCRIBE HO	TH but not related to	o the terminal P/	ART III. If decease there a pre	ad was female ignancy in last 90  No Unker III of item 18.)
DOCUA	CAL	19. WAS AUTOPSY PERFORMED? YES NO NO NOT WHILE AT WORL NOT WHILE AT	Cause (a), the under-cause last. DUE TO  1. OTHER SIGNIFICANT of disease condition given  20a. ACCIDENT SUICIL CONTROL	CONDITIONS CO	20b. DESCRIBE HO	TH but not related to  OW INJURY OCCURRED  20f. CITY, TOWN, OF	o the terminal P/ D. (Enter nature of inju	ART III. If decease there a pre	d was female ignancy in last 90  Unkert II of item 18.)
DOCNY	CAL	19. WAS AUTOPSY PERFORMED? YES NO 20c. TIME OF INJURY OCCURRE WHILE AT WORI	cause (a), the undercause last. DUE TO  I. OTHER SIGNIFICANT disease condition given  20a. ACCIDENT SUICH  Month, Dey, Year  RED 20e. PLACE farm, WORK   20e. PLACE farm,	CONDITIONS CO	20b. DESCRIBE HO	TH but not related to DW INJURY OCCURRED 20f. CITY, TOWN, OF an	D. (Enter nature of inju	ART III. If decease there a pre	d was female squancy in last 90  Unk:
DOCNY	CAL	19. WAS AUTOPSY PERFORMED? YES NO NO NOT WHILE AT WORL NOT WHILE AT	cause (a), the under-cause last. DUE TO  I. OTHER SIGNIFICANT of disease condition given  20a. ACCIDENT SUICIT CONTROL	CONDITIONS CO	20b. DESCRIBE HO	TH but not related to  OW INJURY OCCURRED  20f. CITY, TOWN, OF	D. (Enter nature of inju	ART III. If decease there a pre	and was female signancy in last 90 D Unker II of item 18.)
	CAL	19. WAS AUTOPSY PERFORMED? YES NO NO NOT WHILE AT WORL NOT WHILE AT Death occurred to above stating lying PART I	Cause (a), the under-cause last. DUE TO  I. OTHER SIGNIFICANT of disease condition given  20a. ACCIDENT SUICII  Month, Day, Year  RED	CONDITIONS CC in PART 1 (a)  DE HOMICIDE  E OF INJURY (e.g. factory, street, o	20b. DESCRIBE HO	TH but not related to DW INJURY OCCURRED 20f. CITY, TOWN, OF an	D. (Enter nature of inju	ART III. If decease there a pre	od was female signancy in last 90 Discourse II II of item 18.)
OF	CAL	19. WAS AUTOPSY PERFORMED? YES NO NO INJURY OCCURR WHILE AT WORK NOT WHILE AT 21 I attended the details above stating lying in the state of the st	Cause (a), the under-cause last. DUE TO  I. OTHER SIGNIFICANT of disease condition given  20a. ACCIDENT SUICII  Month, Day, Year  RED	CONDITIONS CO	20b. DESCRIBE HO	TH but not related to DW INJURY OCCURRED 20f. CITY, TOWN, Of an the date stated above, 22b. ADDRESS	o the terminal P/ D. (Enter nature of inju R LOCATION  of last saw him alive of and to the best of my	ART III. If decease there a pre	od was female signancy in last 90 Discourse II II of item 18.)
VIT OF	CAL	19. WAS AUTOPSY PERFORMED? YES NO MAINING NOT WHILE AT WORL NOT WORL NOT WHILE AT WO	Cause (a), the under-cause last. DUE TO  I. OTHER SIGNIFICANT of disease condition given  20a. ACCIDENT SUICIT  Month, Day, Year  CRED 20e. PLACI farm, work   12.20	CONDITIONS CO in PART 1 (a)  DE HOMICIDE  E OF INJURY (e.g factory, street, o	20b. DESCRIBE HO	TH but not related to  OW INJURY OCCURRED  20f. CITY, TOWN, OF  127-6/ an  he date stated above,  22b. ADDRESS  108 N. C.	D. (Enter nature of injust of last saw him alive of and to the best of my	ART III. If decease there a pre Ty in PART I or PART COUNTY	od was female signancy in last 90 Discourse II II of item 18.)
VIT OF	CAL	19. WAS AUTOPSY PERFORMED? YES NO NO NOT WHILE AT WORL NOT WHILE AT Death occurred to above stating lying PART I	Cause (a), the under-cause last. DUE TO  I. OTHER SIGNIFICANT of disease condition given  20a. ACCIDENT SUICIT  Month, Day, Year  CRED 20e. PLACI farm, work   12.20	CONDITIONS CO in PART 1 (a)  DE HOMICIDE  E OF INJURY (e.s. factory, street, o	20b. DESCRIBE HO	TH but not related to  OW INJURY OCCURRED  20f. CITY, TOWN, OF  17—6/ an the date stated above, 22b. ADDRESS  108 N. C.L  EMATORY	o the terminal P/ D. (Enter nature of inju R LOCATION  d last saw him alive of and to the best of my 23d. LOCATION (City,	COUNTY  COUNTY  ART III. If decease there a pre Tyes Tyes  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY	d was female regnancy in last 90 lonker II II of item 18.)  STATE  Compared to the compared to
VIT OF	WEDICAL	19. WAS AUTOPSY PERFORMED? YES NO NO NOT WHILE AT WORINOT WORINOT WHILE AT	tause (a), the under-	CONDITIONS CO in PART 1 (a)  DE HOMICIDE  E OF INJURY (e.e factory, street, o	20b. DESCRIBE HO  20b. DESCRIB	TH but not related to  DW INJURY OCCURRED  20f. CITY, TOWN, OF  27 - 6/ an  he date stated above, 122b. ADDRESS  103 N. C. 6  EMATORY  etery	o the terminal P/ D. (Enter nature of injust of less saw him alive of and to the best of my  CANK MENU.  23d. LOCATION (City, Farber,	COUNTY  COUNTY  ART III. If decease there a pre Ty in PART I or PA	d was female regnancy in last 90  Unker III of item 18.)  STATI
OF	WEDICAL	19. WAS AUTOPSY PERFORMED? YES NO  20c. TIME OF HOUSE AT WORLD AS AUTOPSY PERFORMED? YES NO  20d. INJURY OCCURR WHILE AT WORLD AT	tause (a), the under-	CONDITIONS CO in PART 1 (a)  DE HOMICIDE  E OF INJURY (e.s. factory, street, o	20b. DESCRIBE HO  20b. DESCRIB	TH but not related to  OW INJURY OCCURRED  20f. CITY, TOWN, OF  17—6/ an the date stated above, 22b. ADDRESS  108 N. C.L  EMATORY	o the terminal P/ D. (Enter nature of injust of least saw him alive of and to the best of my  23d. LOCATION (City, Farber,	COUNTY  COUNTY  ART III. If decease there a pre Ty in PART I or PA	d was female regnancy in last 90 Unic. It II of item 18.)  STAT.

MAY 1 9 1961

JUN 15 1967

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embanifed by t
or by	, Student Embalmer No.
working under my personal supervision.	2:40 814
	William States

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

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.

Signature of Student Embalmer