

## OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012469

AMENDED

Registration District No.

10

Primary Registration District No.

3002

Registrar's No.

87

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

Audrain

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Mexico

Length of stay in lb

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY

Audrain

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Audrain Hospital

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Herbert

Middle

Lester

Last

Barnes

4. DATE  
OF  
DEATH

Month

April

Day

29,

Year

1961

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒Divorced ☐

## 8. DATE OF BIRTH

7-18-1885

75

## 9. AGE (last birthday)

## IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

## 10b. KIND OF BUSINESS OR INDUSTRY

No American Refr.

## 11. BIRTHPLACE (City and state or country)

Vandalia, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

David Barnes

## 13b. MOTHER'S MAIDEN NAME

Lavinna Hadsell

## 14. NAME OF HUSBAND OR WIFE

Minnie Jo Barnes

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

no

## 16. SOCIAL SECURITY NO.

494-09-0606

## 17. INFORMANT

Address

Roy Barnes, Vandalia, 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)

Congestive Heart Failure

## INTERVAL BETWEEN ONSET AND DEATH

3 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

ARTERIOSCLEROSIS (General)

## DUE TO (c)

## 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.

☐ Yes☐ No☐ Unknown19. 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.)

## 20c. TIME OF INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

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.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-17-61 to 4-29-61 and last saw him alive on 4-29-61

Death occurred at 12:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

James E. Taft DO

## 22b. ADDRESS

108 N. CLARK Mexico, Mo.

## 22c. SIGNED

4-30-61

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

4-30-61

## 23c. NAME OF CEMETERY OR CREMATORY

Farber Cemetery

## 23d. LOCATION (City, town, or county)

Farber,

Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

William B. Bates, Vandalia, Mo

## 25. DATE RECD. BY LOCAL REG.

April 30-1961

## 26. REGISTRAR'S SIGNATURE

Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

MAY 19 1961

JUN 2 1961

JUN 15 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William Blanton

Licensed Embalmer No. 4169

P. O. Address Dandalia

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.