

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-010212

STATE FILE NUMBER

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 29

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

6001  
29120

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

FILED MAR 16 1962

1. PLACE OF DEATH  
a. COUNTY **Clay**  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Excelsior Springs** Length of stay in lb **2 years**  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **McCleary Thornton Minor** Inside Limits  Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Illinois** COUNTY **Christian**  
c. CITY OR TOWN **Taylorville** Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) **417 South Clay, St.** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
**Ralph Elmer Barnes** **March 4, 1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **4/27/1875** 9. AGE (last birthday) **86** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Postal Clerk** 10b. KIND OF BUSINESS OR INDUSTRY **U.S. Post office Taylorville, Ill.** 11. BIRTHPLACE (City and state or country) **U. S. A.** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **Charles E. Barnes** 13b. MOTHER'S MAIDEN NAME **Jeannette Overand** 14. NAME OF HUSBAND OR WIFE **Addie Coburn Barnes** Deceased

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. **No.** 17. INFORMANT **RFD 1 Box 149 Annapolis** **Mrs. Jeannette J. Turner, Maryland**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Drugs pneumonia**  
**Cardiac Failure**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Chronic Myocarditis**  
DUE TO (c) **Chronic Myocarditis**

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  Unknown

19. 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 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 **2-2-62** to **3-4-62** and last saw her/him alive on **3-4-62**. Death occurred at **10:20 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **F. B. Hankamp MD** 22b. ADDRESS **Excelsior Springs Mo** 22c. DATE SIGNED **3-5-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Cremation** 23b. DATE **3/6/1962** 23c. NAME OF ~~LEAFERY~~ OR CREMATORY **D.W. Newcomer's Sons** 23d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

24. FUNERAL DIRECTOR **Chas. Virgil Hope, Ex. Insp. Mo** ADDRESS 25. DATE RECD. BY LOCAL REG. **3-7-62** 26. REGISTRAR'S SIGNATURE **Caroline Hutchings**

USE BLACK INK OR TYPEWRITER RIBBON

MAR 16 1962

**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

*Chas. Virgil Hope*

Licensed Embalmer No. 3950

P. O. Address

*Excelsior Springs, Mo.*

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.