

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018768

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

136

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10425

20510

3

4

5

6

7

8

9452X

10

11

12-2

13-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUN 11 1962

1. PLACE OF DEATH

a. COUNTY

Henry

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

Clinton

Length of stay in 1b

1 day

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Wetzel Hospital

Inside Limits

Yes ☒ No ☐c. CITY
OR TOWN

Chilhowee

Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS

R.F.D. 3

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First
BurtonMiddle
ClarkLast
Barnes4. DATE
OF DEATHMonth
June 8, 1962Day
Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/25/85

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months

IF UNDER 24 HR.

Days

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

Farmer & Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Lawn Mower Mfg.

11. BIRTHPLACE (City and state or country)

Kansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Franklin Barnes

13b. MOTHER'S MAIDEN NAME

Sarah Clark

14. NAME OF HUSBAND OR WIFE

Huldah 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.

356-20-8130

17. INFORMANT

Huldah Barnes, Chilhowee, Missouri

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

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

DUE TO (b)

Myocardial Insufficiency
Retroperitoneal Hemorrhage
Ruptured Aneurysm of Renal Artery on RightINTERVAL BETWEEN
ONSET AND DEATH

4 hrs.

12 hrs.

12 hrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Rt. nephritic abscess, prostatic hypertrophy

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
INJURYHour
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 1-1-61 to 6-8-62 and last saw her alive on 6-9-62

Death occurred at 9:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Clinton L. Glespy, Jr.

(Decede or title)

22b. ADDRESS

Clinton, Mo.

22c. DATE SIGNED

6-9-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

6/11/62

23c. NAME OF CEMETERY OR CREMATORY

The Mound

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

Couders, Illinois

(State)

24. FUNERAL DIRECTOR

ADDRESS

Cook Funeral Home, Chilhowee, Mo.

25. DATE RECD. BY LOCAL REG.

June 9, 1962

26. REGISTRAR'S SIGNATURE

Wildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JUL 2 1962

Glaspy

Permit issued 6-9-62 M.B. R.R.

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 _____

Jurcook

Licensed Embalmer No. 4335

P. O. Address Chulhowee, 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.