

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019898

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 291

Primary Registration District No. _____

Registrar's No. 42

FILED MAY 21 1962

1. PLACE OF DEATH

a. COUNTY

Putnam

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

Unionville

Length of stay in lb

10 Days

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

HOSPITAL OR
INSTITUTION

Monroe Hospital

Inside Limits

Yes ☒ No ☐

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

a. STATE

Missouri

b. COUNTY

Putnam

c. CITY
OR
TOWN

Martinstown

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

R.F.D. No. 5 Unionville, Mo.

Reside on Farm

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

First

Ethel

Middle

Dale

Last

Barnes

4. DATE
OF
DEATH

Month

Day

Year

May 15, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/27/1887

9. AGE (last birthday)

74

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)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Martinstown, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

James Sparks

13b. MOTHER'S MAIDEN NAME

Ellen Lane

14. NAME OF HUSBAND OR WIFE

Lester E. 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.

None

17. INFORMANT

Mr. L. E. Barnes

Rural Route No. 5
Unionville, 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)

Carcinoma of liver

INTERVAL BETWEEN ONSET AND DEATH

1 year

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

DUE TO (b)

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 April 18-62 to May 15-62 and last saw her alive on May 13-62.
Death occurred at 9:15 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Chas L. Gadd DO

22b. ADDRESS

Unionville, Missouri

22c. DATE SIGNED

5/16/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

May 16 1962

23c. NAME OF CEMETERY OR CREMATORY

Martinstown Cemetery

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

Martinstown, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Comstock Funeral Home
By John N. Comstock

Unionville, Mo. 5-16-62

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Marshall Durbin

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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

John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, 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.