

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002255

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 170 Primary Registration District No. — Registrar's No. 4VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED JAN 14 1963  
1. PLACE OF DEATH  
a. COUNTY Lacledeb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ELDRIDGE T.S.Length of stay in 1b  
2 1/2 mos.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Cedar Grove Nursing HomeInside Limits  
☐ Yes ☒ No2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Camdenc. CITY OR TOWN StoutlandInside Limits  
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)  
within city limitsReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
Benjamin Franklin Barnes4. DATE OF DEATH  
Month Day Year  
Jan. 9, 19635. SEX  
male6. COLOR OR RACE  
white7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
10-18-749. AGE (last birthday)  
88IF 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)  
farmer10b. KIND OF BUSINESS OR INDUSTRY  
farming11. BIRTHPLACE (City and state or country)  
Camden County, Mo.12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

Dave Barnes

13b. MOTHER'S MAIDEN NAME

Eliza Shackelford

14. NAME OF HUSBAND OR WIFE

Elizabeth Thomas(dec)

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

(Yes, no, or unknown) (If yes, give war or dates of service)  
no none

16. SOCIAL SECURITY NO.

487-14-2000

17. INFORMANT

Lafe Barnes, Rt. 2, Richland, 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 stomachINTERVAL BETWEEN ONSET AND DEATH  
6 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying 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 10-4-62 to 10-4-62 and last saw her alive on 12-24-62  
Death occurred at 8:45 A. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

B.B. Hurst, M.D.

22b. ADDRESS

255 N. ADAMS, LEBANON, MO.

22c. DATE SIGNED

1-11-6323a. BURIAL, CREMATION, REMOVAL (Specify)  
burial

23b. DATE

1-12-63

23c. NAME OF CEMETERY OR CREMATORY

Stoutland Cemetery

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

Stoutland, Mo.

24. FUNERAL DIRECTOR

ADDRESS

J. J. Shadel Lebanon, Mo.

25. DATE RECD. BY LOCAL REG.

1-12-1963

26. REGISTRAR'S SIGNATURE

Hella L. Hays

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**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 \_\_\_\_\_

Licensed Embalmer No. 5115

P. O. Address \_\_\_\_\_

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.

Remains received 1-12-1968 D.A.H.