

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

175 -63-010051

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 236

Primary Registration District No. 4494

Registrar's No. 4494

STATE FILE NUMBER

FILED FEB 27 1963

1. PLACE OF DEATH a. COUNTY Shannon County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY Shannon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Winona		Length of stay in 1b 68yrs.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION in Winona at Home		Inside Limits Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First Middle Last Irven Arthur Barnes		4. DATE OF DEATH Month Day Year Feb. 24 1963	
5. SEX M	6. COLOR OR RACE W	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 9-2-1893 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11a. FATHER'S NAME William Barnes		11b. MOTHER'S MAIDEN NAME Laura Copeland	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		12b. SOCIAL SECURITY NO. 489-14-9940	
13a. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Emphysema</i> DUE TO (b) <i>Myocardial failure</i> DUE TO (c) <i></i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		13b. NAME OF HUSBAND OR WIFE Maude Barnes	
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 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 May 2, 1961 to Feb. 24, 1963 and last saw her alive on Feb. 23, 1963 Death occurred at 11 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>D. J. Benson D.O.</i> 22b. ADDRESS <i>Berch Tree MO</i> 22c. DATE SIGNED <i>3/25/63</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE 2-26-1963	23c. NAME OF CEMETERY OR CREMATORY Evaline Cemetery	23d. LOCATION (City, town, or county) Fremont, Missouri
24. FUNERAL DIRECTOR ADDRESS Clary Funeral Home, Winona MO.		25. DATE RECD. BY LOCAL REG. 2-26-1963	26. REGISTRAR'S SIGNATURE <i>Mobile Roan</i>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59
1 1010
2 1010
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4 0
5 1
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9 5271
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12 90-2
13 1-0

(Licensed Embalmer's Statement on Reverse Side)

MAR 22 1963

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

Arnette E. Gary

Licensed Embalmer No. 5118

P. O. Address Box 328 Winona, 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.