MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014599
STATE FILE NUMBER

Registration District No. 336 Primary Registration District No. 6121 Registrar's No. 184

FILED MAR 27 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 1010
2 6010 1
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Shannon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN:
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Shannon
c. CITY OR TOWN: Birch Tree — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rural Route 1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Cora Middle: Jane Last: Barnes

4. DATE OF DEATH: Month: March Day: 18 Year: 1963

5. SEX: F.

6. COLOR OR RACE: W.

7. Married ☐ **Never Married** ☐ **Widowed** ☒ **Divorced** ☐

8. DATE OF BIRTH: 10/20/81

9. AGE (last birthday): 81
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:

11. BIRTHPLACE (City and state or country): Fremont, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Robert Jones

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Jake B. 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 Address: Jake B. Barnes Birch Tree, Mo. Rt. 1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Virus Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Influenza
DUE TO (c): Chronic Bronchitis
INTERVAL BETWEEN ONSET AND DEATH:

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 March 17, 1963 to March 18, 1963 and last saw her/him alive on March 17, 1963
Death occurred at 3 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. A. Barnes D. O.

22b. ADDRESS: Birch Tree Mo

22c. DATE SIGNED: 3-20-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 3/20/63

23c. NAME OF CEMETERY OR CREMATORY: Barnes Cem.

23d. LOCATION (City, town, or county) (State): Birch Tree, Mo.

24. FUNERAL DIRECTOR ADDRESS: Duncan Funeral Home Mtn. View, Mo.

25. DATE RECD. BY LOCAL REG.: 3-25-63

26. REGISTRAR'S SIGNATURE: Mae Rose

(Licensed Embalmer's Statement on Reverse Side)

To Doctor: 9:A.M. 3/19/63

Rec'd from Dr. 5:P.M. 3/21/63

To Local Registrar 5:10 P.M. 3/21/63

APR 1 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 Charles D. Fontaine

Licensed Embalmer No. 5107

P. O. Address McComb, Miss.

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.