

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014804

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

10

Primary Registration District No.

1021

Registrar's No.

110

STATE FILE NUMBER

LED APR 18 1963

1. PLACE OF DEATH

a. COUNTY Audrain

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN MexicoLength of stay in 1b
3 Hrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Audrain HospitalInside Limits
Yes ☒ No ☐

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

a. STATE Mo. b. COUNTY Audrain

c. CITY OR TOWN Laddonia

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

Cornelia (Corner) Barnes

4. DATE OF DEATH

Month Day Year

4 14 1963

5. SEX

F. M.

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

04-18-76

9. AGE (last birthday)

86

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)

House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Morgan County, Ohio

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Arthur Corner

13b. MOTHER'S MAIDEN NAME

Martha Cook

14. NAME OF HUSBAND OR WIFE

Frank O. 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.

Un Known

17. INFORMANT

Franklin Barnes, Coolidge, Ariz.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

P. pneumonia

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

DUE TO (b)

DUE TO (c)

etiology not demonstrated

INTERVAL BETWEEN ONSET AND DEATH

Several hours

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

Poor nutrition

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 Month, Day, Year
s.m. p.m.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

2-24-63

to 4-14-63

and last saw him alive on 4-11-63

Death occurred at

6:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

William W. Bradley MD

22b. ADDRESS

Box 178, Farley, Mo

22c. DATE SIGNED

4-15-1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-17-1963

23c. NAME OF CEMETERY OR CREMATORY

Laddonia, Cemetery

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

Laddonia,

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Wilkey-Bienhoff, Laddonia, Mo.

25. DATE RECD. BY LOCAL REG.

April 16-1963

26. REGISTRAR'S SIGNATURE

Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
ORTYPEWRITER RIBBON
William W. Bradley MD

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

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

Clyde L. Wiley

Licensed Embalmer No. 3820

P. O. Address Pennington

(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.