STANDARD CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. COUNTY MATIOS 2. CHEST NO. 20 PRIMARY REC. DIST. NO. 25 Registrary IV. 4 2. STATE MISSOUTI 1. DOUBLE distribution: missioner before the country of			THE DIVISION OF H			35662
1. PLACE OF DEATH 2. COUNTY Marios 3. COUNTY Marios 5. CITY (if woulds empress limits, write RURAL and size administration) 5. CITY (if woulds empress limits, write RURAL and size administration) 6. CITY (if woulds empress limits, write RURAL and size administration) 7. CITY (if woulds empress limits, write RURAL and size administration) 7. CITY (if woulds empress limits, write RURAL and size administration) 7. CITY (if woulds empress limits, write RURAL and size administration) 7. NAME OF (if would are size administration) 8. SAY OF (if would are size administration) 8. SAY OF (if would are size administration) 8. NAME OF (if would are size administration)	FLEDOCT 2:	5 1952	STANDARD CERTI	FICATE OF DE	ATH State File N	o
S. CHTY (If coulde corporate limits, write RURAL and give township) S. CHTY (If coulde corporate limits, write RURAL and give township) S. CHTY (If coulde corporate limits, write RURAL and give township) S. CHTY (If coulde corporate limits, write RURAL and give township) O. CHTY (If coulde corporate limits, write RURAL and give township) O. CHTY (If coulde corporate limits, write RURAL and give township) O. CHTY (If coulde corporate limits, write RURAL and give township) O. CHTY (If coulde corporate limits, write RURAL and give township) O. CHTY (If coulde corporate limits, write RURAL and give township) O. CHTY (If coulde corporate limits, write RURAL and give township) O. CHTY (If coulde corporate limits, write RURAL and give township) O. CHTY (If coulde corporate limits, write RURAL and give township) O. CHTY (If coulde corporate limits, write RURAL and give township) O. CHTY (If coulde corporate limits, write RURAL and give township) O. CHTY (If coulde corporate limits, write RURAL and give township) O. CHTY (If coulde corporate limits, write RURAL and give township) O. CHTY (If coulde corporate limits, write RURAL and give township) O. CHTY (If coulde corporate limits, write RURAL and give township) O. CHTY (If coulde corporate limits, write RURAL and give township) O. CHTY (If coulde corporate limits, write RURAL and give township) O. CL (If the Coulded limits and give township) O. C. (Last) O. C. (La	BIRTH NO.		REG. DIST. NO. 202	PRIMARY REG. DIST	. NO. <u>5755</u> Registrar's	No. 44
Marios Color Compation Color Compation Color Col		тн		2. USUAL RESI	DENCE (Where decessed lived. If	institution: residence before
A FILL AND EQ F III but to bediefold or Institution, give streamfulcion, give streamfulcion or locations or l	M		1	MISS	souri	Phelps
NAME OF OCCUPATION CHESTER SMITH BARNARD CHESTER SMITH CHESTER C	OR	ـ نـ مال	AL and give C. LENGTH OF STAY (In this place	c. CITY (If outside or OR TOWN		08/2
CHESTER SMITH BARNARD DAM Oct. 16, 1952	d. FULL NAME OF (If not in hospital or institution, give street address or location) ' HOSPITAL OR INSTITUTION					/
CHESTER SMITH SM	3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)		h) (Day) (Year)
Male White Married County Divorce Divo					of DEATH Oct.	
ISJAL OCCUPATION (Circulated of work) 10b. KIND OF BUSINESS OR IN 11 BS 11 BS 11 BS 12 CHILLENGE WHAT CONDITION 12 CHILLENGE WHAT COUNTRY 13 SOUT 18	(4)	COLOR OR RACE 7	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Speeds) married	,	last birthday) Mon	
136. MOTHER'S MANE 136. MOTHER'S MAIDEN NAME 14. NAME OF MUSBAND OR WIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES! (I.S. WAS DECEASED IN U.S. WA	10a. USUAL OCCUPATIO				 	12. CITIZEN OF WHAT
13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSEAND OR WIFE 15. NAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no or unknown) Uff yes, why war of dates of service (yes) Uff yes, why war of dates of service (yes) Uff yes, why war of dates of service (yes) Uff yes, why war of dates of service (yes) Uff yes, why war of dates of service (yes) Uff yes, why war of dates of service (yes) Uff yes, why war of dates of service (yes) Uff yes, why war of dates of service (yes) Uff yes, why war of dates of service (yes) Uff yes, why war of dates of service (yes) Uff yes, why war of dates of service (yes) Uff yes, why war of dates of service (yes) Uff yes, why war of dates of service (yes) Uff yes, why war of dates of service (yes) Uff yes, why war of dates of service (yes) Uff yes, why war of yes, which was dated dath. Uff yes, which was dated to the disease of conditions contributing to the dates had not related to the disease of conditions contributing to the dates had not related to the disease of conditions contributing to the dates had not related to the disease of conditions contributing to the dates had not related to the disease of conditions contributing to the dates had not related to the disease of conditions counting death. Uff yes	done during most of working Football Coa	ng life, even if retired)	Mines DUSTRY issouri School of	Rogersville	e. Missouri	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Yes be out making when are date of service) 16. SOCIAL SECURITY NO Yes 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CAUSE OF DEATH 19. CA						IFE
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO YOS WIT I and WIT I 16. SOCIAL SECURITY NO YOS WIT I and WIT I 16. SOCIAL SECURITY NO YOS WIT I and WIT I 16. SOCIAL SECURITY NO YOS WIT I and WIT I 16. SOCIAL SECURITY NO YOS WIT I and WIT I 16. SOCIAL SECURITY NO YOS WIT I and WIT I 16. SOCIAL SECURITY NO YOS WIT I and WIT I 16. SOCIAL SECURITY NO YOS WIT I and WIT I 16. SOCIAL SECURITY NO YOS WIT I and WIT I 16. SOCIAL SECURITY NO YOS WIT I and WIT I 16. SOCIAL SECURITY NO MEDICAL CERTIFICATION WITHOUT AND THE STREET NO WITH AND THE STREET NO WITHOUT AND THE STREET NO	James L. B	arnard	Myrtle Smit	h	Thelma King Bar	nard
NOS WW I and WW II 363-24-3839 Mrs. The lms K. Barnard. 701 State. Rolla, Mc MEDICAL CERTIFICATION BLEAGE ON CONDUCTION DIRECTLY LEADING TO TEATH*(a) ANTECEDENT CAUSE ANTECEDENT CAUSE Morbid doublions, if any, giring DUE TO (b) The means the distor to mean the mode of dring, such shearly fallers, authentia, the life in the mode course (s) stating the underlying course (ast.) The means the distore to consider the underlying course (ast.) 10. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the desire or conditions contributing to the desire or conditions contributing to the desire or conditions contributing to the desired to the disease or conditions contributing to the desired to the disease or conditions contributing to the desired to the disease or conditions contributing to the desired to the disease or conditions contributing to the desired to the disease or conditions contributing to the desired to the disease or conditions contributing to the desired to the disease or conditions contributing to the desired to the disease or conditions contributing to the desired to the disease or conditions contributing to the desired to the disease or conditions contributing to the desired to the disease or conditions contributing to the desired to the disease or conditions contributing to the underlying course or contributing to the disease or conditions contributing to the disease or conditions contributing to the underlying course or contributing to the disease or conditions contributing to the disease or conditions contributing to the disease or conditions contributing to the underlying course or contributing to the underlying course or contributing to the underlying cour	IS. WAS DECEASED EVE	R IN U.S. ARMED FOR	RCES? 16. SOCIAL SECURITY	17. INFORMANT	'S SIGNATURE OR NAME	ADDRESS
INTERAL SETWEN INTE		W I and WW	II 363-24-3839	Mrs. The lms	a K. Barnard, 701	State, Rolla,Mo
Enter only one curse per Illines for (a), (b), and (c) "This does not mean the mode of sping, such as heart fellure, asthenia, ties to the above cause (a) stating the underlying cause last. Illines for (a), (b), and (c) "This does not mean the mode of sping, such as heart fellure, asthenia, ties to the above cause (a) stating the underlying cause last. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or conditions causing death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUCCIDENT SU				CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
**This does not mean the mode of dying, such as heart failure, esthemia, etc. It means the discusse of the above cause (a) stating rise to the above cause (a) stating out to the underlying cause last. DUE TO (c) 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT SUICIDE (Bpectry) SUICIDE (Bpectry) SUICIDE (Bpectry) SUICIDE (Month) (Day) (Year) (Heur) 21d. TIME (Month) (Day) (Year) (Heur) OF INJURGE C. 16, 1952		I. DISEASE OR CON DIRECTLY LEADING	DITION G TO DEATH*(a)	rownen	4	
the mode of dying, such as heart failure, eatheria, etc. It means the discase, injury, or complication which caused death. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT (Specity) 21b. PLACE OF INJURY (e.g., in or about home, larm, fastory, street, office bldg., sep.) 43		ANTECEDENT CAUS	. · · · · · · · · · · · · · · · · · · ·	1		_
DUE TO (c) DUE TO (c) DUE TO (c)		Morbid conditions, i	any, giving DUE TO (b)			
Due to (c)		rise to the above caus the underlying cause	e (a) stating last.		E9278	
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?					4.2	
Pa. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21b. MAJOR FINDINGS OF OPERATION 21b. PLACE OF INJURY (s.g., ino or about SUICIDE HOMICIDE UI CI de Gascon and entre factory, street, office bidg etc.) 19c. Maries 19c. Ounty) 19c. Maries 19c. Ounty) 19c. Maries 19c. Ounty) 19c. Maries 19c. Ounty 19c. Maries 19c.	ion which caused death.			•		
TION TION TION TION TO THE CHART (Specity) SUCCIDENT (Specity) SUCCIDENT (Specity) Home, tarm, testopy, street, office bldgsec.) Homicidenticide (ASCONAGE RIVET) Jackson Twp. Maries Missouri. Jackson Twp.		related to the disease	or condition causing death.		<u> </u>	
21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (s.e. in or about SUICIDE Location (County) Location (State) Location (City, town, or county) Locatio	19a. DATE OF OPERA- TION	19b. MAJOR FINDIN	IGS OF OPERATION			
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 2M. HOW DID INJURY OCCUR? INJURY Ct. 16, 1952. m. WORK NOT WHILE NOT WHILE WORK Drowning Self. 22. I hereby certify that I attended the deceased from, 19, that I last saw the deceased glive on, 19, and that death occurred at 5:30 Pm., from the causes and on the date stated above. 24. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED 10/21/52 24a. BURIAL CREMA- 24b PATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) BURIAL CREMA- 24b PATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) BURIAL CREMA- 24b PATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) BURIAL CREMA- 24b PATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) BURIAL CREMA- 24b PATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) REGISTRATE SIGNATURE 25. FUMERAL DIRECTOR'S SIGNATURE ADDRESS 10-21-52. Audited 25. FUMERAL DIRECTOR'S SIGNATURE ADDRESS	21a. ACCIDENT	(Specify) 21b	. PLACE OF INJURY (e.g., in or abou	21c. (CITY, TOWN, O	R TOWNSHIP) (COUNTY	
21d. TIME (Month) (Day) (Year) (Hour) (Day) (Year) (Hour) (Pour)	SUICIDE HOMICIDE U1 C	ide das	se, farm, factory, street, office bldg., etc. 3CONAGE KIVER) Jackson	Twp. Maries	Missouri.
INJURGET. 16, 1952. m. WHILE AT WORK Drowning Self. 22. I hereby certify that I attended the deceased from					Y OCCURT 06	5
22. I hereby certify that I attended the deceased from	ΩF		WHILE AT NOT WHILE WORK AT WORK	Drowning		
glive on		that I attended the	deceased from	, 19, to	, 19, that I	last saw the deceased
Coroner Vienna, Missouri 10/21/52 24a. BURIAL. CREMA- 24b PATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) TION, REMOVAL (Broodly) BURIAL OCT. 19, 1952 Memorial Gardents Rolla, Missouri DATE REC'D BY LOCAL RECOGNARY SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 10-21-52 Auline Address		, 19,	and that death occurred a	5:30Pm., from	the causes and on the date s	lated above.
24a. BURIAL CREMA- 24b PATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) TION, REMOVAL (Expedity) BURIAL OCT. 19 1952 Memorial Gardons Rolla, Missouri DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 10-21-52 Audite Toward 1100 Elm, Rolla, Mo.	STON STONE				•	
24a. BURIAL. CREMA- 24b CATE 100, REMOVAL (Broodly)	MNOT MAR	muden				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS O-2 -52 Couline Owner County Couline County Cou	24a. BURIAL, CREMA	24b DATE	1			
10-21-52 Ruline Formal Malaul 100 Elm, Rolla, Mo.	Burial	<u> 1/06t. 19.1</u>	1 5000	dens	I Rolla Missour	
(Licensed Embalmer's Sentement' on Reverse Side)	DATE REC'D BY LOCAL	L PRECISTRAR'S SIG	NATURE	200	,	
		·····	(Licensed Embalmer)	Sestement of Reverse S		



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is record	led on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.	Signe Astrollan
Student Embalmer	Licensed Embalmer No. 3643

P. O. Address Rolla, Missouri

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 this body is not embalmed, fact should be so stated above.