

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

10972

BIRTH NO.		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3 006</u>		Registrar's No. <u>91</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Columbia</u> TOWN		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Columbia</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>608 Spencer Road</u>				No. STREET ADDRESS (If rural, give location) <u>608 Spencer Road</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALEXANDER</u>		b. (Middle)		c. (Last) <u>BARNES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 12, 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 27, 1866</u>	
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		13a. FATHER'S NAME <u>Irvin M. Barnes</u>		13b. MOTHER'S MAIDEN NAME <u>Sally Miller</u>	
13c. NAME OF HUSBAND OR WIFE <u>Elmire Gertrude Pilcher</u>		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bessie Mockbee, Columbia, Mo.</u>		ADDRESS		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Hemorrhage from Peptic Ulcer</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Resection of Rectum (Benign)</u> 19a. DATE OF OPERATION <u>Jan-1950</u> 19b. MAJOR FINDINGS OF OPERATION <u>Inflammatory mass in Rectum</u> 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Jan-1953</u> , 19 <u>53</u> , to <u>Apr 12</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Dec-54</u> , 19 <u>54</u> and that death occurred at <u>11:30A m.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>F. C. Suggett MD</u>	
23b. ADDRESS <u>Columbia Mo</u>		23c. DATE SIGNED <u>4/13/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 15, 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Barnes Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Boone County, Missouri.</u>		DATE REC'D BY LOCAL REG <u>Apr. 12 1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker Funeral Service, Columbia, Mo</u>		ADDRESS		26. I hereby certify that I attended the deceased from <u>Jan-1953</u> , 19 <u>53</u> , to <u>Apr 12</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Dec-54</u> , 19 <u>54</u> and that death occurred at <u>11:30A m.</u> , from the causes and on the date stated above.		27. I hereby certify that I attended the deceased from <u>Jan-1953</u> , 19 <u>53</u> , to <u>Apr 12</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Dec-54</u> , 19 <u>54</u> and that death occurred at <u>11:30A m.</u> , from the causes and on the date stated above.	

(Licensed Embalmer's Statement on Reverse Side)

APR 22 1955

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.....

J. W. Phillips

Licensed Embalmer No. *489*

P. O. Address *Columbus*

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.

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