

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0030587

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 223

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 11 1967				
<p><b>1. PLACE OF DEATH</b></p> <p>a. COUNTY <u>Henry</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u> Length of stay in 1b <u>3 hours</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p><b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution; Residence before admission)</p> <p>a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u></p> <p>c. CITY OR TOWN <u>Independence</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>9328 E. 14th Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>			
<p><b>3. NAME OF DECEASED</b> (Type or print) First <u>WILLIAM</u> Middle <u>LESLIE</u> Last <u>BARNES</u></p>				
<p><b>4. DATE OF DEATH</b> <u>September 4, 1967</u></p>				
<p><b>5. SEX</b> <u>Male</u></p>	<p><b>6. COLOR OR RACE</b> <u>White</u></p>	<p><b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p><b>8. DATE OF BIRTH</b> <u>1/19/87</u></p>	
<p><b>9. AGE</b> (last birthday) <u>80</u></p>		<p>IF UNDER 1 YEAR Months Days</p>	<p>IF UNDER 24 HR Hours Min.</p>	
<p><b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired Miner</u></p>		<p><b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Coal</u></p>	<p><b>11. BIRTHPLACE</b> (City and state or country) <u>Mound Valley, Kan.</u></p>	<p><b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u></p>
<p><b>13a. FATHER'S NAME</b> <u>Fred S. Barnes</u></p>		<p><b>13b. MOTHER'S MAIDEN NAME</b> <u>Ida M. Bearce</u></p>		
<p><b>14. NAME OF HUSBAND OR WIFE</b> <u>Katherine (Deceased)</u></p>		<p><b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>		
<p><b>16. SOCIAL SECURITY NO.</b> <u>490-05-8906</u></p>		<p><b>17. INFORMANT</b> <u>Myrtle Wallace, Clinton, Missouri</u></p>		
<p><b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u></p> <p style="text-align: center;">DUE TO (b) <u>Generalized Arteriosclerosis</u></p> <p style="text-align: center;">DUE TO (c) _____</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>			<p>INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u></p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>			<p>PART III. If deceased was female was there a pregnancy in last 90 days.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p><b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p><b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/></p>	<p><b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)</p>		
<p><b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year</p>				
<p><b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p><b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		
<p><b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE</p>		<p><b>21. I attended the deceased from</b> <u>1959</u> to <u>death</u> and last saw her/him alive on <u>9-4-67</u></p> <p>Death occurred at <u>3:15 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>		
<p><b>22a. SIGNATURE</b> (Degree or title) <u>Carol K. Wetzel, MD</u></p>		<p><b>22b. ADDRESS</b> <u>Clinton, Mo</u></p>		
<p><b>22c. DATE SIGNED</b> <u>9-6-67</u></p>		<p><b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u></p>		
<p><b>23b. DATE</b> <u>Sept. 6, 1967</u></p>		<p><b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Englewood</u></p>		
<p><b>23d. LOCATION</b> (City, town, or county) (State) <u>Clinton, Missouri</u></p>		<p><b>24. FUNERAL DIRECTOR</b> <u>Consalus Clinton, Missouri</u></p>		
<p><b>25. DATE RECD. BY LOCAL REG.</b> <u>9-8-67</u></p>		<p><b>26. REGISTRAR'S SIGNATURE</b> <u>Mildred Bigum</u></p>		

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DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF  
 ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

SEP 13 1967

**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. E. Conzalus

Licensed Embalmer No. 1891

P. O. Address Abilene 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.

Embalmed by J. E. Conzalus 9-8-67