

WISCONSIN STATE BOARD OF HEALTH
ORIGINAL CERTIFICATE OF DEATH

State Death No. '67 029130

State Filing Date NOV 8 - 1967

2958 03

Local Registrar's
No.

120

Please Cooperate.
Use black ink to
improve a photo-
static copy of this
record for legal
purposes. Type if
possible.

1. PLACE OF DEATH a. COUNTY <u>Barren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Wisconsin</u> b. COUNTY <u>Barren</u>	
b. CITY, TOWN, OR LOCATION <u>Rice Lake</u>		c. CITY, TOWN, OR LOCATION <u>Rural, Rice Lake</u>	
d. HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Hospital</u>		e. LENGTH OF STAY IN <u>16 Days</u>	
3. NAME OF DECEASED a. (First) <u>Edmond</u> b. (Middle) _____ c. (Last) <u>Barney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 4-67</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1-23-90</u>
9. AGE (In years last birthday) <u>77</u>		10. IF UNDER 1 YEAR Days <u>8</u> Hours <u>11</u> Min. <u>--</u>	11. BIRTHPLACE (State or foreign country) <u>Amery, Wisconsin</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>John Barney</u>	
14. MOTHER'S MAIDEN NAME <u>Mattie Parent</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES (If yes, no, or unknown) (If yes, give war or dates of service) <u>No Navy WWI</u>	
16. SOCIAL SECURITY NO. <u>396-14-0649A</u>		17. INFORMANT RELATIONSHIP <u>Mrs. Ella Barney - Wife</u>	
17a. NAME OF HUSBAND OR WIFE, IF ALIVE <u>Ella Barney</u>		17b. AGE OF HUSBAND OR WIFE, IF ALIVE <u>63 years</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Sigmoid E. metastases to medulla</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 MONTHS</u>	
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (b), STOPPING THE UNDERLYING CAUSE LAST. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)	
18a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	18b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		18c. TIME OF INJURY Hour, Month, Day, Year a.m. p.m.
19a. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	19b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	19c. CITY, TOWN, OR LOCATION	19d. COUNTY STATE
20. I attended the deceased from <u>14 Sept 1967</u> to <u>4-OCTOBER 1967</u> and last saw him alive on <u>4-OCT 1967</u>			
Death occurred at <u>750 A</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE <u>O. E. Rydell - M.D.</u>		21b. ADDRESS <u>RICE LAKE</u>	21c. DATE SIGNED <u>5-OCT 1967</u>
22a. BURIAL, CREMATION, REBURY (Specify)	22b. DATE	22c. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town or county) (State)
<u>Reburied</u>	<u>10/6/7-1967</u>	<u>Viola Lind Cemetery, Webster, Wisconsin</u>	
23. NAME OF FUNERAL HOME AND ADDRESS <u>A. N. Lundberg Funeral Home, Box 6 Webster, Wis</u>			
DATE REC'D BY LOCAL REG. <u>10-9-1967</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	24. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	

Reserved for
Coding

Hospital

06

Residence

07-2

Age

290

Acc. Co.

Acc. Place

Local—Cause
of death

MEDICAL CERTIFICATION