

FILED JAN 21 1949

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Knox
Township Center
City Edina (No. _____)Registration District No. 169
Primary Registration District No. 4258File No. 42516
Registered No. 316
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Richard L. Barnes(Usual place of abode) Gibson Hosp. Edina Mo. 1 day (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23 - 19457. AGE YEARS 3 MONTHS 2 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) KCD Hosp. Knoxville Mo (STATE OR COUNTRY)13. NAME Claude Barnes14. BIRTHPLACE (CITY OR TOWN) Knox Co Mo (STATE OR COUNTRY)15. MAIDEN NAME Faye Lancaster16. BIRTHPLACE (CITY OR TOWN) Scotland Co Mo (STATE OR COUNTRY)17. INFORMANT Claude Barnes (ADDRESS) Baring Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Thousand Ridge DATE Nov 30 194819. UNDERTAKER Birth & Barlett (ADDRESS) Memphis Mo20. FILED Jan - 4 1949 M. S. Nunn Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29 194822. I HEREBY CERTIFY, That I attended deceased from 11/24, 1948, to 11/29, 1948I last saw him alive on 11/29, 1948. Death is saidto have occurred on the date stated above, at 12:20 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Congenital Pyloric Stenosis BirthOther contributory causes of importance: 0

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? M

If so, specify _____

(Signed) C. C. G. [Signature], M. D.(Address) Edina Mo 1/3/49

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Embalmed by Fred Gorth
Memphis Mo
License No. 4256