

FILED MAR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4511**BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2002** Registrar's No. **185-A**

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Greene		c. LENGTH OF STAY (In this place) 5 mo., 24 da.		a. STATE Missouri		b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		d. STREET ADDRESS (If rural, give location) 3002 Henrietta St.			
d. FULL NAME OF HOSPITAL OR INSTITUTION O'Reilly V.A. Hospital				d. STREET ADDRESS (If rural, give location) 3002 Henrietta St.			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) Thomas	b. (Middle) G.	c. (Last) BARNES	Month February	Day 24	Year 1949	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 15, 1895	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 5	IF UNDER 12 HRS. Days 10	Hours _____	Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10b. KIND OF BUSINESS/OR INDUSTRY Chauffeur		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Theresa M. Barnes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. WW One	17. INFORMANT'S SIGNATURE OR NAME Unknown	17. ADDRESS O'Reilly VAH Records, Springfield, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis, pulmonary, chronic, far advanced, active	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	III. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) _____		21d. (COUNTY) _____		21e. (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Sept. 1, 1948 , to Feb. 24, 1949 , that I last saw the deceased alive on Feb. 24, 1949 , and that death occurred at 4:15 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Paul L. Eisele, MD. Clinical Director			23b. ADDRESS O'Reilly VAH, Springfield, Mo.			23c. DATE SIGNED 2-24-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-25-49	24c. NAME OF CEMETERY OR CREMATORY St. Louis beam		24d. LOCATION (City, town, or county) (State) St. Louis Mo			
DATE REC'D BY LOCAL REG. 2/26/49	REGISTRAR'S SIGNATURE W. J. Sandley, MD.		25. FUNERAL DIRECTOR'S SIGNATURE Gorman-Behaupt, Springfield, Mo.				
(Licensed Embalmer's Statement on Reverse Side)							

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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
Student Embalmer

Signed Leah Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield

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.