

S. No. 300  
 U.S. DEPT. OF HEALTH  
 V. 10-48

FILED FEB 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 5800

BIRTH NO. 49-002884 REG. DIST. NO. 293 PRIMARY REG. DIST. NO. 6004 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Ralls</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>	
b. CITY OR TOWN <u>Ilasco</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	d. STREET ADDRESS (If rural, give location) <u>Ilasco</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Della</u> b. (Middle) <u>Jean</u> c. (Last) <u>Barnes</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 10. 1949</u>							
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan. 6. 1949</u>	9. AGE (In years last birthday) <u>1</u> <u>4</u> <u>4</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Hannibal Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>

13a. FATHER'S NAME <u>Herman G Barnes Jr</u>	13b. MOTHER'S MAIDEN NAME <u>Muriel Simms</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Herman G Barnes Jr</u> ADDRESS <u>Ilasco Mo</u>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) <u>Della Jean Barnes came to her death at the hands of her Mother Muriel Sims Barnes by placing her in a burning fire in the stove at there residence at Ilasco, Mo. Ralls Co. while Muriel Barnes was of unsound mind.</u>		3
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Verdict signed by Coroners Jury.</u>			
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) <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ilasco, Missouri Ralls, Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 10, 1949</u>	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 No Medical Attention, 19\_\_\_, that I last saw the deceased alive on \_\_\_\_, 19\_\_\_, and that death occurred at \_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clyde W. Perry</u>	23b. ADDRESS <u>Perry, Mo. Ralls Co.</u>	23c. DATE SIGNED <u>7/11/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-12-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. Olive T. Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Hannibal Mo</u>		

DATE REC'D BY LOCAL REG. <u>2-17-49</u>	REGISTRAR'S SIGNATURE <u>H. F. Waters</u>	FUNERAL DIRECTOR'S SIGNATURE <u>James O. Lowell</u> ADDRESS <u>Hannibal Mo</u>
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(Licensed Embalmer's Certificate on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 10  
District File Number 3-49-3  
FEB 23 1949

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.

Signed Michael J. O'Donnell

Signed.....  
Student Embalmer

Licensed Embalmer No. 3246

P. O. Address Hannibal, 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 this body is not embalmed, fact should be so stated above.