

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 7304

BIRTH NO. _____		REG. DIST. NO. <u>6</u>		PRIMARY REG. DIST. NO. <u>3001</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>614 West Boulevard</u>				d. STREET ADDRESS (If rural, give location) <u>614 West Boulevard 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Mirt</u> c. (Last) <u>Barnes</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 12 1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 21 1878</u>	
9. AGE (In years last birthday) <u>70</u>		10. IF UNDER 1 YEAR Months <u>8</u> Days <u>19</u>		11. IF UNDER 1 HRS. Hours <u></u> Min. <u></u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Driver</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Trucks &amp; Taxi</u>		11. BIRTHPLACE (State or foreign country) <u>Pike County Illinois</u>	
13a. FATHER'S NAME <u>John H. Barnes</u>				13b. MOTHER'S MAIDEN NAME <u>Eloira McKinney</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Barnes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Schrieffer</u> ADDRESS <u>Vandalia 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized anasarca</u> <u>3 weeks</u> DUE TO (c) <u>Primary carcinoma of Rectum</u> <u>1 year</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>154X</u>			
19a. DATE OF OPERATION <u>6/25/48</u>		19b. MAJOR FINDINGS OF OPERATION <u>adenocarcinoma of Rectum with metastasis</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>no</u>		21b. PLACE OF INJURY (Specify) (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u></u>			
22. I hereby certify that I attended the deceased from <u>5/19</u> , 19 <u>48</u> , to <u>12/13</u> , 19 <u>48</u> , that I last saw the deceased alive on <u>12/13</u> , 19 <u>48</u> , and that death occurred at <u>11</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thos. L. Swyer, M.D.</u>				23b. ADDRESS <u>Vandalia, Mo.</u>		23c. DATE SIGNED <u>3/16/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 14 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vandalia Missouri</u>	
DATE REC'D. BY LOCAL REG. <u>March 25 1949</u>		REGISTRAR'S SIGNATURE <u>Walter Fugues</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Fugues</u> ADDRESS <u>Vandalia Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 3-49-5

Date Filed MAR-3-1-1949

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.

Student .....

Student Embalmer

Signed

*J. B. Waters*

Licensed Embalmer No.

4169

P. O. Address

*Dandalia 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.