

FILED JUL 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18814

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

426

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5171 Registrar's No. 236

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Aubert Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) D.K.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mo River Near Mokane, Mo			
3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle) Barnes	
		c. (Last) Hittl	
4. DATE OF DEATH (Month) (Day) (Year) July 1 1949			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 29, 1928
9. AGE (In years last birthday) 21		10. IF UNDER 1 YEAR Months 5 Days 2	
11. IF UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) Centerville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Hugh Barnes		13b. MOTHER'S MAIDEN NAME Rosa Mae Smith	
14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Howard Barnes		ADDRESS Fulton, Missouri	
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) Drowned in Mo River 7/1/49 ANTECEDENT CAUSES (b) Was found in river July 6 1949 Near Mokane, Mo DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mokane, Mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in river	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Callaway MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 6 1949 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 111			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 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) M. Farrett, Coroner		23b. ADDRESS Fulton, Mo	
23c. DATE SIGNED July 6 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 8-1949	
24c. NAME OF CEMETERY OR CREMATORY Catholic Cem		24d. LOCATION (City, town, or county) (State) Sullivan, Mo	
DATE REC'D BY LOCAL REG. July 6-1949		REGISTRAR'S SIGNATURE M. Lawrence 426	
25. FUNERAL DIRECTOR'S SIGNATURE H. P. Shaffer		ADDRESS Sullivan, Mo	

JAN 6 1950

District File Number
District Health Officer No. 9
RECEIVED JUL 9 1949

SEP 2 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 _____

Body not embalmed

Student Embalmer No. _____

working under my personal supervision.

Signed *Thos. P. Shaffer*

Signed _____
Student Embalmer

Licensed Embalmer No. *2692*

P. O. Address *Sullivan, 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.