

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 1 1949

State File No. 29424

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5136 Registrar's No. 355

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Butler</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>  |  |
| b. CITY OR TOWN <u>Rural—Beaver Dam Twp</u>   |  | c. CITY OR TOWN <u>Rural—Beaver Dam Twp</u>  |  |
| c. LENGTH OF STAY (in this place)   |  | d. STREET ADDRESS (If rural, give location)<br><u>13 miles W. of Poplar Bluff, Mo</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>13 miles W. of Poplar Bluff</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Sept. 20, 1949</u>   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Cletus</u> b. (Middle) <u>Claude</u> c. (Last) <u>Barnes</u>   |  | 5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>   |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>  |  | 8. DATE OF BIRTH <u>June 28, 1917</u>  |  |
| 9. AGE (In years last birthday) <u>32</u>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>  |  |
| 11. BIRTHPLACE (State or foreign country)<br><u>Alton, Mo</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME <u>Henry Barnes</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>June Parrott</u>  |  |
| 14. NAME OF HUSBAND OR WIFE <u>Ethel Barnes (43)</u>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>Yes W.W.I.</u>  |  |
| 16. SOCIAL SECURITY NO. _____   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Barnes—Poplar Bluff, Mo</u> ADDRESS _____   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal Hemorrhage</u><br>ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Sunshot wound right of chest</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____   |  |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |  | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>   |  |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm Home</u>   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>Butler Mo.</u>   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><u>9-20-49 1:35 A.M.</u>   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |  |
| 21f. HOW DID INJURY OCCUR?<br><u>Scuffling with a 22 Rifle</u>  |  | 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 <u>2:35 A.M.</u> m., from the causes and on the date stated above.   |  |
| 23a. SIGNATURE (Degree or title)<br><u>Grover W. Green</u>  |  | 23b. ADDRESS <u>Poplar Bluff Mo</u>  |  |
| 23c. DATE SIGNED <u>9/22-49</u>   |  | 24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  |
| 24b. DATE <u>9-22-49</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Marble Hill</u>  |  |
| 24d. LOCATION (City, town, or county) (State)<br><u>Butler Co., Mo</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank - Sobell</u> ADDRESS <u>Poplar Bluff, Mo</u>   |  |
| DATE REC'D BY LOCAL REG. <u>Sept 22, 1949</u>   |  | REGISTRAR'S SIGNATURE <u>Wm H Johnson</u> 428  |  |

SEP 26 RECD

949-293

BUTLER COUNTY HEALTH CENTER  
POPLAR BLUFF, MISSOURI

RECEIVED  
AUG 26 1949

STATEMENT BY LICENSED EMBALMER

661 6 1949

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 Scott A. Catlett

Licensed Embalmer No. 3567

P. O. Address Poplar Bluff, 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.