

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36617**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 2251 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <b>Chariton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Chariton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Mendon Twp</b>		c. LENGTH OF STAY (In this place) <b>15 yrs</b>	
c. CITY (If outside corporate limits, write RURAL and give township) <b>Mendon Twp</b>		d. STREET ADDRESS (If rural, give location) <b>3 mi SE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3 mi. SE of Mendon</b>			

3. NAME OF DECEASED (Type or Print) <b>Everett Barnes</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 11, 1949</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NM</b>	8. DATE OF BIRTH <b>Sept. 5, 1892</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Highway Dept.</b>		11. BIRTHPLACE (State or foreign country) <b>Triplett, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>					

13a. FATHER'S NAME <b>Lorenzo Barnes</b>	13b. MOTHER'S MAIDEN NAME <b>Julia Rigger</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>498-09-4763</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. W. O. Crotts, Triplett, Mo.</b>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 mo.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Primary Carcinoma of Liver</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Secondary of Right lung, resulting from liver Carcinoma</b>		<b>1 mo.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>55X</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (COUNTY) (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 10, 1949, to Nov. 11, 1949, that I last saw the deceased alive on Nov. 11, 1949, and that death occurred at 4:42a m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) <b>D.O.</b>	23b. ADDRESS <b>Brunswick, Missouri</b>	23c. DATE SIGNED <b>11/12/49</b>
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24a. BURIAL/CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 12, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>McCullough Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Triplett, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>11-12-49</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS <b>Wright Funeral Home, Brookfield, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED DEC 5

District Health Officer No. 8.

District File Number \_\_\_\_\_

Date Filed 12-5-49

**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 Harold B. Wright

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.