

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43576

FILED JAN 4 1950

BIRTH NO. _____		REG. DIST. NO. 378		PRIMARY REG. DIST. NO. 4532		Registrar's No. 50	
1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u> b. CITY OR TOWN <u>MOUNTAIN GROVE</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WRIGHT</u> c. CITY OR TOWN <u>MOUNTAIN GROVE, MO</u> d. STREET ADDRESS (If rural, give location) <u>900 N. OAKLAND</u>			
3. NAME OF DECEASED (Type or Print) <u>Vada Barnes</u> a. (First) <u>Vada</u> b. (Middle) _____ c. (Last) <u>Barnes</u>				4. DATE OF DEATH <u>12-3-1949</u> (Month) (Day) (Year)			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>6-16-1898</u>	
9. AGE (In years last birthday) <u>54</u>		10. MONTHS <u>6</u>		11. DAYS <u>13</u>		12. HOURS <u>13</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>NORWOOD, MO</u>			
11a. BIRTHPLACE (State or foreign country) <u>NORWOOD, MO</u>				12. CITIZEN OF WHAT COUNTRY? <u>U S</u>			
13a. FATHER'S NAME <u>T. G. RANEY</u>				13b. MOTHER'S MAIDEN NAME <u>MELISSA OWENS</u>			
14. NAME OF HUSBAND OR WIFE <u>IRA BARNES</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			
16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME <u>Ira Barnes</u> ADDRESS <u>Mountain Grove</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, asthma, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Death from Suffocation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hanging</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>E954X</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 <u>Suicide</u> (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 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Dec 3</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Thomas H. Hauldin, Coroner</u> (Degree or title)				23b. ADDRESS <u>Norwood, Mo.</u>			
23c. DATE SIGNED <u>12-3-1949</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>			
24b. DATE <u>12-5-49</u>				24c. NAME OF CEMETERY OR CREMATORY <u>HILLCREST</u>			
24d. LOCATION (City, town, or county) (State) <u>MIN. GROVE MO</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>GRABLE-WINDLE</u> ADDRESS <u>1414 GHOSE</u>			
DATE REC'D BY LOCAL REG. <u>12-17-49</u>				REGISTRAR'S SIGNATURE <u>Sumner R. Schuch</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED DEC 20 1949  
District Health Office No. 6,  
District File Number: 1249-1295  
Date Filed 12-28-49

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.

Student .....  
Student Embalmer

Signed

*Frank Grable*

Licensed Embalmer No. 4140

P. O. Address Inter. House, 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.