

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **988**

BIRTH NO.		REG. DIST. NO. 141	PRIMARY REG. DIST. NO. 3025	Registrar's No. 36
1. PLACE OF DEATH a. COUNTY Howell			2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE Missouri b. COUNTY Texas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains, Mo		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Summersville, Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION Christa Hogan Hospital			d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) Nova		a. (First) Helen	b. (Middle) Barnes	c. (Last)
4. DATE OF DEATH Jan, 2nd 1950		5. SEX F		
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept, 3# 1891
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months 3 Days 30		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Texas County Missouri
12. CITY OF WHAT COUNTRY'S U.S.A.		13a. FATHER'S NAME John A McCallister		
13b. MOTHER'S MAIDEN NAME Martha Woolsey		14. NAME OF HUSBAND OR WIFE A.T. Barnes		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NA		17. INFORMANT'S SIGNATURE OR NAME A.T. Barnes, Summersville, Mo
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of thyroid		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.		
ANTECEDENT CAUSES		DUE TO (b)		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		194X		
19a. DATE OF OPERATION 1948		19b. MAJOR FINDINGS OF OPERATION Carcinoma of thyroid		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)		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 12/5 , 19 49 , to 1/2 , 19 50 , that I last saw the deceased alive on 1/2 , 19 50 , and that death occurred at 5:20p m. , from the causes and on the date stated above.				
23a. SIGNATURE J. Callister U.D. (Degree or title)			23b. ADDRESS West Plains, Missouri	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) R		
24b. DATE Jan 4th 50		24c. NAME OF CEMETERY OR CREMATORY Bethel Cem		24d. LOCATION (City, town, or county) (State) Summersville, Mo
DATE REC'D BY LOCAL REG. 1-7-50		REGISTRAR'S SIGNATURE Beatrice Cook 379		25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home mtn, Jew, mo. ADDRESS

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

RECEIVED

1/10/50

District Health Officer No. 5.

District File Number 15040

Date Filed 1/13/50

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 John J. Linneman

Licensed Embalmer No. 25-16.

P. O. Address W. Keene 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.