

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1846

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 2240 PRIMARY REG. DIST. NO. 4358 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lilbourn</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lilbourn</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>H.</u> c. (Last) <u>Barnes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 28 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 26 1868</u>
9. AGE (In years last birthday) (Specify) <u>81</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>2</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>New Madrid Co., Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Amos Barnes</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mattie L. Barnes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>W.A. Barnes</u>		ADDRESS <u>Lilbourn, Missouri.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>Death</u> <u>10/1/50</u> <u>443X</u>	
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 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 <u>Apr 15</u> , 19 <u>49</u> , to Jan <u>28</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Jan 27</u> , 19 <u>50</u> , and that death occurred at <u>9:30a m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Claude W. Raven</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Wainwright Mo.</u>	
23c. DATE SIGNED <u>Dec-50</u>		24. LOCATION (City, town, or county) (State) <u>Lilbourn, Missouri</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 30 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mounds Park</u>	24d. LOCATION (City, town, or county) (State) <u>Lilbourn, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Feb 4 1950</u>	REGISTRAR'S SIGNATURE <u>H.L. Bender</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Deputy</u>	ADDRESS <u>Ponder Funeral Home, Lilbourn, Mo.</u>

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

0720

*Dr. M. Ransom*

RECEIVED FEB 6 1950  
District Health Office No. 2,  
District File Number 250-11  
Date Filed \_\_\_\_\_

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 Homer L. Ponder

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

Licensed Embalmer No. 3367

P. O. Address Filbourn, 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.