

FILED MAR 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8467

State File No. ....

470

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY OR TOWN <u>Ironton</u>		c. CITY OR TOWN <u>Ironton</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>324 E. Dent</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>324 E. Dent</u>		3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>William</u> c. (Last) <u>Barnes</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 3 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>Dec. 25 1883</u>	
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>merchant</u>	
11. BIRTHPLACE (State or foreign country) <u>Reynolds Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Barnes</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Harbison</u>	
14. NAME OF HUSBAND OR WIFE <u>Clara 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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Clara Barnes, Ironton Mo.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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 <u>Oct. 19 48</u> to <u>Mar. 3</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Mar. 3</u> , 19 <u>50</u> , and that death occurred at <u>9.02 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Bruce M. Bull, M.D.</u>		23b. ADDRESS <u>Ironton, Mo.</u>	
23c. DATE SIGNED <u>3-9-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>3-5-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Arcadia Valley Mem. Pk. Ironton Mo.</u>	
24d. LOCATION (City, town, or county) (State) _____		DATE REC'D BY LOCAL REG. <u>Mar. 15 1950</u>	
REGISTRAR'S SIGNATURE <u>Max A. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ironton Mo.</u>	

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

MAY 17 1950

RECEIVED

MAR 15 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-387

FEB 8 1954

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 Russell J White

Licensed Embalmer No. 3012

P. O. Address Durston 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.