

FILED MAY 12 1950

## STANDARD CERTIFICATE OF DEATH

14200

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 4439 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>RANDOLPH</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clark</u>	c. LENGTH OF STAY (In this place) <u>4 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLARK</u> <u>08-00</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ANDERSON</u>	b. (Middle)	c. (Last) <u>BARNES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 30-1950</u>
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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>March 29-1878</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>7</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER RET</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Boone Co. Mo. D</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Moss Mills Barnes</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Cynthia Barnes</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cynthia Barnes Clark, Mo.</u>	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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>  <u>54 years</u>  <u>33 dx</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemiplegia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Apr 18 1950, to Apr 29 1950, that I last saw the deceased alive on Apr 30 1950, and that death occurred at 2 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>A. R. M. Lewis M.D.</u>	(Degree or title)	23b. ADDRESS <u>Sturgeon Mo.</u>	23c. DATE SIGNED <u>Apr 30-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>MAY-2-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CHAPEL GROVE</u>	24d. LOCATION (City, town, or county) (State) <u>CLARK - MO.</u>
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DATE REC'D BY LOCAL REG. <u>May 2-50</u>	REGISTRAR'S SIGNATURE <u>Leah Welland</u>	<u>P 269</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Boone &amp; Booth</u>	ADDRESS <u>Sturgeon - Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 1 2 1950

RECEIVED MAY 10 1950  
District Health Officer No. 1  
District File Number 5-50-2  
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.

Student .....  
Student Embalmer

Signed *A. E. Booth* .....

Licensed Embalmer No. 4087 .....

P. O. Address *Sturgeon - 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.