

FILED JUL 27 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 23442

0470

BIRTH NO. _____		REG. DIST. NO. 144		PRIMARY REG. DIST. NO. 4334		Registrar's No. 31	
1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Reynolds			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton		c. LENGTH OF STAY (In this place) 4 da		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Redford 0900			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Mary's Hospital				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Richard		c. (Last) Barnes		4. DATE OF DEATH (Month) (Day) (Year) July 13 1950	
5. SEX 0 male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb. 16 1885	
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 4		IF UNDER 24 HRS. Days 27		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (State or foreign country) Redford Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Richard Barnes		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Lucy Barnes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ray Barnes, Redford Mo.			
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) cerebral embolus ANTECEDENT CAUSES DUE TO (b) hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. acute prostatitis, acute gastritis					INTERVAL BETWEEN ONSET AND DEATH 1 day ?? 332X ??
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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 7-9, 1950, to 7-13, 1950, that I last saw the deceased alive on 7-13, 1950, and that death occurred at 11:45 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. P. Jarland, M.D.				23b. ADDRESS Ironton, Missouri		23c. DATE SIGNED 7-20-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7-15-50		24c. NAME OF CEMETERY OR CREMATORY Price Cemetery		24d. LOCATION (City, town, or county) (State) Redford Mo.	
DATE REC'D BY LOCAL REG. July 21, 1950		REGISTRAR'S SIGNATURE Miss Anna Jones		128		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo. Miss White	

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

AUG 30 1951

JAN 23 1951

JAN 23 1951

RECEIVED JUL 22 1950
District Health Office No. 6,

District File Number _____

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 Arnel J. White

Licensed Embalmer No. 3012

P. O. Address Porter 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.