

FILED NOV 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34147

BIRTH NO. _____		REG. DIST. NO. 212		PRIMARY REG. DIST. NO. 5779		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-FRANKLIN</u>		c. LENGTH OF STAY (in this place) <u>7mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-FRANKLIN</u>		0660	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BAGNELL</u>				d. STREET ADDRESS (If rural, give location) <u>BAGNELL</u>			
3. NAME OF DECEASED (Type or Print) (First) <u>Joseph</u>		b. (Middle)		c. (Last) <u>BARNES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 21 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>28 JAN 1878</u>	
9. AGE (In years last birthday) <u>72</u>		10. MONTHS <u>-</u>		11. YEARS <u>-</u>		12. HOURS <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL-LAB</u>		11. BIRTHPLACE (State or foreign country) <u>KY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Josh. BARNES</u>		13b. MOTHER'S MAIDEN NAME <u>Susie Sattles</u>		14. NAME OF HUSBAND OR WIFE <u>MARY BARNES</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Josh. BARNES</u> ADDRESS <u>ELDON-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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis Pulmonary Metastasis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Sigmoid</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153x</u>					
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I attended the deceased from <u>Sept 7, 1950</u> , to <u>Oct 21, 1950</u> , that I last saw the deceased alive on <u>Oct 1, 1950</u> , and that death occurred at <u>3:15 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. E. Humphreys</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Tusculum, Mo.</u>		23c. DATE SIGNED <u>22 Oct 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>23 Oct-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brededen-Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Freeberg, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 23, 1950</u>		REGISTRAR'S SIGNATURE <u>Alvannetta Walters</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter M. Hays</u>		ADDRESS <u>ELDON-MO</u>	

(Licensed Embalmer's Signature on Reverse Side)

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

RECEIVED

OCT 26 1950

MILLER COUNTY HEALTH  
DEPARTMENT

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*Keith M. Kage*

Licensed Embalmer No. *3998*

P. O. Address *Eldon 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.