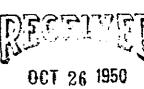
No. 300	II FILED NOV	1 1950	THE DIVISION OF HEALTH OF MISSOURI			
10.48	I TILL NOV	T 1920	STANDARD CERTI	FICATE OF DEATH	State File No	34141
60	BIRTH NO REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 5779 Registrar's No.					
	a. COUNTY MILLER			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE MISS OUR! b. COUNTY MILLOR		
PERMANENT RECORD	b. CITY (It outside corporate limits, write RURAL and give CR. LENGTH OF TOWN RURBL- FRANKLIN 7 200			c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN RURAL - FRANKL'N 0660		
	d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION  TBALNELL			d. STREET (If rund, stre location)  ADDRESS  A A N & LL		
	3. NAME OF DECEASED	A (First)	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)
	(Type or Print)	Fose	bh-	BARNES	DEATH OCT	21 1950
	5. SEX 0 6.	CSLOR OR RACE		8. DATE OF BIRTH		I TEAR   of DECEMBER.
	10a. USUAL OCCUPATIO	ug life, even if retired	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State or foreign	ooutity)	12. CITIZEN OF WHAT COUNTRY?
ية آ	LABORE 13an FATHER'S NAME	<del>Y -</del>	13b. MOTHER'S MAIDE	1 7 7 -	147 OF MACRAMO OF THE	4. S.H.
◀ [	130 FATHER'S NAME 130 MOTHER'S MAIDEN NAME 14. NAME OF HUGGAND OR WIFE  130 FATHER'S NAME 14. NAME OF HUGGAND OR WIFE  130 FATHER'S NAME 15. NAME OF HUGGAND OR WIFE  130 FATHER'S NAME 16. NAME OF HUGGAND OR WIFE  130 FATHER'S NAME 16. NAME OF HUGGAND OR WIFE  130 FATHER'S NAME 16. NAME OF HUGGAND OR WIFE  130 FATHER'S NAME 16. NAME OF HUGGAND OR WIFE  130 FATHER'S NAME 16. NAME OF HUGGAND OR WIFE  130 FATHER'S NAME 16. NAME OF HUGGAND OR WIFE  130 FATHER'S NAME 16. NAME OF HUGGAND OR WIFE  140 FATHER'S NAME 16. NAME OF HUGGAND OR WIFE  150 FATHER'S NAME 16. NAME OF HUGGAND OR WIFE  150 FATHER'S NAME 16. NAME OF HUGGAND OR WIFE  150 FATHER'S NAME 16. NAME OF HUGGAND OR WIFE  150 FATHER'S NAME 16. NAME OF HUGGAND OR WIFE  150 FATHER'S NAME 16. NAME OF HUGGAND OR WIFE  150 FATHER'S NAME 16. NAME OF HUGGAND OR WIFE  150 FATHER'S NAME 16. NAME OF HUGGAND OR WIFE  150 FATHER'S NAME 16. NAME OF HUGGAND OR WIFE  150 FATHER'S NAME 16. NAME OF HUGGAND OR WIFE  150 FATHER'S NAME 16. NAME OF HUGGAND OR WIFE  150 FATHER'S NAME 16. NAME OF HUGGAND OR WIFE  150 FATHER'S NAME 16. NAME OF HUGGAND OR WIFE  150 FATHER'S NAME 16.					
E E	15. WAS DECEASED EVE			1	ATURE OR NAME	ADDRESS
MAKE	(Yes, b), or miknown) (If yes, sive war or dates of service) NO.			Josh - BA	PNe5-	ELdon-Ma
1	18. CAUSE OF DEATH MEDICAL CERTIFICATION					I INTERVAL BETWEEN
INK	Enter only one course per line for (a), (b), and (c)  In DISEASE OR CONDITION  DIRECTLY LEADING TO DEATH*(a)  Jyounder Westerday  Metasteria					ONSET AND DEATH
CK	*This does not mean ANTECEDENT CAUSES					
₹	the mode of dying, such as heart failure, asthenia, etc. It means the distance of the underlying cause (a) stating the underlying cause last.					3 /m_
BI	etc. It means the dis-	the underlying a				
UNFADING	ease, injury, or complica- tion which caused death.  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.				<del></del>	
						153x
Ĕ	19a. DATE OF OPERA- 19b. MAJOR FINDINGS OF OPERATION			•		20. AUTOPSY?
	none mone					YES NO 🗵
	21a. ACCIDENT SUICIDE HOMICIDE	(Bpecify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, acrest, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHI	IP) (COUNTY)	(STATE)
So	21d. TIME (Month)	(Day) (Year)	(Hour) 21e. INJURY OCCURRED	211. HOW DID INJURY OCCUR?		
	OF INJURY 220 20. WHILE AT   NOT WHILE   WORK   AT WORK			none		
ונא	22. I hereby certify that I attended the deceased from Age 7, 1950, to Oct 2/, 1950, that I last saw the deceased					
PLAINLY	alive on Att, 1950, and that death occurred at 3:15 Pm., from the causes and on the date stated above.					
77	236 SIGNATURE	///	(Degree or title)	23b. ADDRESS	<del>*************************************</del>	23c. DATE SIGNED
- 11	411. 8.	Huu	phreys D.O.	Tuscumbia-	mo.	122 Oct 1950
WRITE	24a. BURIAL. CREMA: 24b. DATE AC. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)  349. AL 23 Oct-1950 BRCEden - Cem Freeherz-					
×	DATE REC'D BY LOCAL	REGISTRAR'S		25. FUNERAL DIRECTOR'S		DRESS
<u>[</u>	Oct. 23, 1950 Olusmatta Water Feeth Mays, ELLON-100					



MILLER COUNTY HEALT 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.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply we

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.