

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39554

State File No.

FILED DEC 12 1950

BIRTH NO.		REG. DIST. NO. <u>337</u>		PRIMARY REG. DIST. NO. <u>4496</u>		Registrar's No. <u>95</u>	
1. PLACE OF DEATH a. COUNTY <u>Shelby County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shelbyville, Mo.</u>		c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shelbyville Mo.</u>		1020	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <u>✓</u>				d. STREET ADDRESS (If rural, give location) <u>✓</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Harry</u> c. (Last) <u>Barnes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25, 1950</u>				
5. SEX <u>M.O.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 1 1867</u>		9. AGE (In years last birthday) <u>83</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>24</u>	11. UNDER 1 M. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>✓</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Lewis Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Thomas Barnes</u>			13b. MOTHER'S MAIDEN NAME <u>Eliza (not known)</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Barnes</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u> (If yes, give war or dates of service) <u>✓</u>			16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Margaret Barnes Shelbyville</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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sudden death probably Coronary</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Large myocardial infarct</u> DUE TO (c) <u>Probably Arterio Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Degenerative Conditions of myocardium</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 years</u> <u>3 yrs -</u>							
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4-20-1</u>			
22. I hereby certify that I attended the deceased from <u>Jan 21</u> , 19 <u>50</u> , to <u>Nov. 25</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov 20</u> , 19 <u>50</u> , and that death occurred at <u>2:50 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R.G. Archer M.D.</u>				23b. ADDRESS <u>Shelbyville Mo</u>		23c. DATE SIGNED <u>11-27-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 27-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Prairie</u>		24d. LOCATION (City, town, or county) (State) <u>Shelby Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec 1-50</u>		REGISTRAR'S SIGNATURE <u>Ada Harrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Musgrave Bethel Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: DEC 5 1950
DISTRICT HEALTH OFFICE #2
District File Number 12-50-2
Date Filed: DEC 7 1950

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 _____

Self
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed *C. W. Mungro*

Licensed Embalmer No. *2719*

P. O. Address *Bechtel, 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.