

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

43461

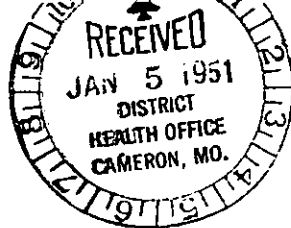
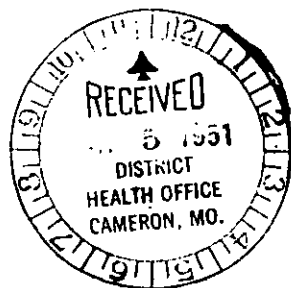
State File No.

FILED JAN 11 1951

BIRTH NO.		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>4846</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>North</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>North</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Denver mo</u>		c. LENGTH OF STAY (In this place) <u>25 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Denver mo</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>MARY. FRANCIS</u>	b. (Middle) <u>BARNES</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 31 1950</u>	
5. SEX <u>21</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>May 23 1876</u>	
9. AGE (In years last birthday) <u>74</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Henry Co mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George Barnes</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Hume</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Robert Duckworth</u>		ADDRESS <u>Denver 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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Nephritis Acute</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☐	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-15</u> , 19 <u>50</u> , to <u>12-31</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-31</u> , 19 <u>50</u> , and that death occurred at <u>5</u> A.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles N. Williamson D.O.</u>				23b. ADDRESS <u>Henry Co mo</u>		23c. DATE SIGNED <u>1-1-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Jan 1-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Denver mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan-3-1951</u>		REGISTRAR'S SIGNATURE <u>Feta C. Dawson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hermit Brown</u>		ADDRESS <u>Denver mo</u>	

(Licensed Embalmer's Statement (on Reverse Side))

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



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.....

Licensed Embalmer No. 2948

P. O. Address Peru, 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.