

FILED JUN 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17596

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 4957 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Calumet Amada</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Calumet - Township</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>1 Mile West of Annada Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)		a. (First) <u>Russell</u>		b. (Middle) <u>Edwin</u>		c. (Last) <u>Barnes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 2, 1951</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 22 1891</u>		9. AGE (In years last birthday)		10. MONTHS	11. DAYS	12. HOURS	13. MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Arthur O. Barnes</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Zumalt</u>		14. NAME OF HUSBAND OR WIFE <u>Lelia Barnes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lelia Barnes, Annada 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 Mo</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hypertensive Cardio-</u>				
		DUE TO (c) <u>Vascular Renal Disease</u>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 2-22, 1951, to 6-2, 1951, that I last saw the deceased alive on 6-2, 1951, and that death occurred at 4:00 P. M., from the causes and on the date stated above.

23. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Louisiana Mo</u>		23c. DATE SIGNED <u>6-3-51</u>	
24a. BIRTHAL CREMA (Specify)		24b. DATE <u>June 4, 1951</u>		24c. NAME OF CEMETERY OR CREMATORIUM <u>Greenwood</u>	
24d. LOCATION (City, town, or county) (State) <u>Clarksville, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Clarksville Mo</u>			
DATE REC'D BY LOCAL REG. <u>June 4/51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Clarksville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

2920

JUN 16 1951

Date Received: JUN 5  
DISTRICT HEALTH OFFICE #2  
District File Number 6-51-104  
Date Filed: JUN 7 1951

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**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.

Signed \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2648

P. O. Address Clarksville 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.