

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28037**  
Registrar's No. **7072**

FILED AUG 25 1951  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Arkansas</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>StLouis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Jonesboro</b>	
c. LENGTH OF STAY (In this place) <b>37 days</b>		d. STREET ADDRESS (If rural, give location) <b>8</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>StAnthonys Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Gladys</b> b. (Middle) c. (Last) <b>Barnes</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 7 1951</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct 18 1919</b>
9. AGE (In years last birthday) <b>31</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Smithville, Ark</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Charlie Bracher</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Good</b>	14. NAME OF HUSBAND OR WIFE <b>Elirs Barnes</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Elirs Barnes, Jonesboro, Ark</b>
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) <b>Carcinoma of Breasts</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>metastatic to lung - autopsied</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>170X</b>	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 <b>Sept 1, 1950</b> to <b>Aug 7, 1951</b> , that I last saw the deceased alive on <b>Aug 6, 1951</b> , and that death occurred at <b>6:55 AM</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>H. J. Moore M.D.</b>		23b. ADDRESS <b>917-5068</b>	23c. DATE SIGNED <b>8-7-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>8/20/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Jonesboro, Arkansas</b>
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Rowland Mortuary Service Inc.</b>	
DATE REC'D BY LOCAL REG. <b>AUG 8 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Landon</b>	

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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.....

*Dr. Hoffman*  
.....  
.....  
.....

Signed.....  
Student Embalmer

Licensed Embalmer No. *4366*

P. O. Address *St. Louis, 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.