

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3592

State File No.

FILED FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 33

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

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Marshall</u>	c. LENGTH OF STAY (in this place) <u>29 1/2 da</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> 0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Charles Barnes</u>		d. STREET ADDRESS (If rural, give location) <u>Greenlee Home</u>	

3. NAME OF DECEASED (Type or Print) <u>Charles</u>	a. (First)	b. (Middle) <u>-</u>	c. (Last) <u>Barnes</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 4 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>1905</u>	9. AGE (In years last birthday) <u>47</u> P	10. UNDER 1 YEAR Days	11. UNDER 14 HRS. Hours	12. UNDER 14 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Springfield, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Newell Barnes</u>	13b. MOTHER'S MAIDEN NAME <u>no record</u>	14. NAME OF HUSBAND OR WIFE <u>never married</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Reena Mo Stuk School Marshall</u>	ADDRESS <u>Marshall</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>Jan 7-52</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Exhaustion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Injury Fracture Femur</u> DUE TO (c) <u>Imbecile</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Imbecile</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>state school</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marshall Saline Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 7 1952</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell on ice</u>
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22. I hereby certify that I attended the deceased from Jan 7, 1952, to Feb 4, 1952, that I last saw the deceased alive on Feb 2, 1952 and that death occurred at 3-15 am., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Davidson</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Marshall</u>	23c. DATE SIGNED <u>2/4-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/5/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>State School Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 5th, 1952</u>	REGISTRAR'S SIGNATURE <u>Widney T Gray</u> 385	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Leelin Surrency-Marshall, Mo.</u>	ADDRESS
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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. 3235

P. O. Address Marshall, 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.