

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19537

State File No.

FILED JUN 30 1952

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5001 Registrar's No. 232

2010

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

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Baring (Rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Baring</u>	
c. LENGTH OF STAY (If place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Farm Home.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>CHARLES</u> b. (Middle) <u>HENRY</u> c. (Last) <u>BARNES</u>			4. DATE OF DEATH Month <u>June</u> (Day) <u>23</u> (Year) <u>1952</u>
---	--	--	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov-27-1856</u>	9. AGE (If years last birthday) <u>95</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>26</u> IF UNDER 1 WEE. Hours <u></u> Min. <u></u>
-----------------	---------------------------	---	-------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Adair County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	---	--

13a. FATHER'S NAME <u>Richard Barnes</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca McFarland</u>	14. NAME OF HUSBAND OR WIFE <u>Rosetta Kirkpatrick</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Homer H. Barnes, Baring, Mo.</u> ADDRESS <u></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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 mt. hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart disease myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u></u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4 2 2 2</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) (Min.)	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 June 23, 1952, to June 23, 1952, that I last saw the deceased alive on June 23, 1952, and that death occurred at 11:5 m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. E. Linnane M.D.</u> (Degree or title)	23b. ADDRESS <u>Edina Mo.</u>	23c. DATE SIGNED <u>June 25-52</u>
--	-------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>June 25-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wilmatherville</u>	24d. LOCATION (City, town, or county) (State) <u>Wilmatherville, Missouri</u>
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>6-25-52</u>	REGISTRAR'S SIGNATURE <u>Wate Rambert's</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith Hudson</u> ADDRESS <u>Edina Mo.</u>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

