

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **28744**

(121) AUG 25 1952

BIRTH NO. _____

REG. DIST. NO. **202**PRIMARY REG. DIST. NO. **5757**Registrar's No. **34**

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Maries	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Johnson		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Johnson twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION On farm S. of Vichy Camp		d. STREET ADDRESS (If rural, give location) On farm S. of Vichy Camp Ground	
3. NAME OF DECEASED (Type or Print) JAMES WESLEY BARNES		4. DATE OF DEATH (Month) (Day) (Year) August 14, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced	8. DATE OF BIRTH Sent. 13, 1873
9. AGE (In years last birthday) 78		9. AGE (If under 1 year) Months Days Hours Mins. 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Maries County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Henry Barnes		13b. MOTHER'S MAIDEN NAME Nancy E. Geisler	
14. NAME OF HUSBAND OR WIFE Jane			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Earl Barnes		ADDRESS Vichy, Mo.	
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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension about 5 years DUE TO (c) Nephritis about 8 years 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 593 X	
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)		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 Jan 16, 1952 to August 14, 1952 that I last saw the deceased alive on August 4, 1952 and that death occurred at 2 P. m., from the causes and on the date stated above.			
23a. SIGNATURE C. J. James, M.D.		23b. ADDRESS St. James, Mo.	
23c. DATE SIGNED 8-15-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 16, 1952	
24c. NAME OF CEMETERY OR CREMATORY Hickory Grove Cemetery		24d. LOCATION (City, town, or county) (State) Maries County, Missouri	
DATE REC'D BY LOCAL REG. 8-18-52		REGISTRAR'S SIGNATURE Pauline Howard	
25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Null		ADDRESS Rolla, Mo.	

(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed..... Paul E. Hull

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.