

FILED DEC 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42786

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>195</u>		PRIMARY REG. DIST. NO. <u>4306</u>		Registrar's No. <u>77</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY McDonald		b. CITY (If outside corporate limits, write RURAL, and give OR TOWN Goodman		a. STATE Missouri		b. COUNTY McDonald	
c. LENGTH OF STAY (in this place) 4 1/2 yrs.		c. CITY (If outside corporate limits, write RURAL, and give OR TOWN Goodman		d. STREET ADDRESS Home		0600	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location) Home			
3. NAME OF DECEASED (Type or Print)		a. (First) Etta		b. (Middle) Alice		c. (Last) Barnes	
4. DATE OF DEATH		(Month) (Day) (Year)		December 19, 1952			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 14, 1886	9. AGE (In years last birthday) 66	F UNDER 1 YEAR Months	F UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) McDonald County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Browning		13b. MOTHER'S MAIDEN NAME Rissie Conner		14. NAME OF HUSBAND OR WIFE Henry Barnes			
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 ADDRESS Henry Barnes, Goodman, Missouri			
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>Failure of cerebral (Brain) Nervous system</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sarcinoma of the Brain</u> DUE TO (c) <u>Sarcinoma of right breast</u>					
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Sarcinoma of left breast with peritubal diaphragm</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 170X				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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan. 10</u> , 1952, to <u>December 19, 1952</u> , that I last saw the deceased alive on <u>December 19, 1952</u> , and that death occurred at <u>9:38 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harold C. Ward, D.O.</u>				23b. ADDRESS <u>Goodman, Mo.</u>		23c. DATE SIGNED <u>12/20/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Dec. 21, 1952		24c. NAME OF CEMETERY OR CREMATORY Mayfield Cemetery		24d. LOCATION (City, town, or county) (State) McDonald County, Missouri	
DATE REC'D BY LOCAL REG. 12-23-52		REGISTRAR'S SIGNATURE <u>Mayme Humphrey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John B. Polineau</u>		ADDRESS Goodman, Missouri	

(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 John B. Papirian

Licensed Embalmer No. 4446

P. O. Address Goodman, Md.

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.