No. 300
10.48

FILED JUL 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18469

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 88

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Independence Twp
c. LENGTH OF STAY (In this place): Live
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural #1.5 Miles So. Kennett

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Dunklin
c. CITY OR TOWN: Kennett
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 411 Chance Street 03 5 2 0

3. NAME OF DECEASED (Type or Print)
a. (First): Dorothy
b. (Middle): E.
c. (Last): Barnes

4. DATE OF DEATH (Month) (Day) (Year): June 26-1954

5. SEX: Fem
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 21-1925
9. AGE (In years last birthday): 29 — IF UNDER 1 YEAR: Months / Days 5 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Maker
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and State or Foreign Country): Cape Girardeau, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Dan Masterson
13b. MOTHER'S MAIDEN NAME: Myrtle Looney
14. NAME OF HUSBAND OR WIFE: Willie Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 379-20-8906
17. INFORMANT'S SIGNATURE OR NAME: Myrtle Masterson — ADDRESS: Kennett, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal Fracture of Skull — INTERVAL BETWEEN ONSET AND DEATH: None

ANTECEDENT CAUSES
Morbid 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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Country Road
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 03 (STATE): Independence Twp. Dunklin Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 26, 1954 8:10P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Car turned over on her.

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 8:10 P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quinton Tarver 3
Quinton Tarver, M.D. Coroner, Dunklin County
23b. ADDRESS: Kennett, Mo.
23c. DATE SIGNED: 6/29/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-28-54
24c. NAME OF CEMETERY OR CREMATORY: Gregory Cem
24d. LOCATION (City, town, or county) (State): Rural Kennett, Mo.

DATE REC'D BY LOCAL REG.: 6-29-54
REGISTRAR'S SIGNATURE: Earl Husband 90-0
25. FUNERAL DIRECTOR'S SIGNATURE: Lentz Service — ADDRESS: Kennett, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY H

DEPARTMENT 7-8-5

COUNTY FILE NUMBER 754

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James A. Osburn

Licensed Embalmer No. 418

P. O. Address Wardell,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.