No. 300
10.48

FILED JUN 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19725

BIRTH NO. 36439-56 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 332

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Poplar Bluff
c. LENGTH OF STAY (In this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Doctors Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bernie Rural
d. STREET ADDRESS (If rural, give location) Rt #1

3. NAME OF DECEASED (Type or Print) a. (First) Baby b. (Middle) Girl c. (Last) Barnes

4. DATE OF DEATH (Month) (Day) (Year) 6-4-56

5. SEX F
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant
8. DATE OF BIRTH 6-4-56
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 9 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Poplar Bluff Doctors Hospital P.B., Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Barnes
13b. MOTHER'S MAIDEN NAME Angelee Barnes Mason
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME George Barnes ADDRESS Bernie Rt 1 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) Prematurity — INTERVAL BETWEEN ONSET AND DEATH 9 hours

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 776X
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) m.
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 6-4-, 1956, to 6-4-, 1956, that I last saw the deceased alive on 6-4-, 1956, and that death occurred at 11:45P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert C. Engelhardt M.D.
23b. ADDRESS Poplar Bluff Mo
23c. DATE SIGNED 6/6/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-5-56
24c. NAME OF CEMETERY OR CREMATORY Bernie Cemetery
24d. LOCATION (City, town, or county) (State) Bernie, Mo

DATE REC'D BY LOCAL REG. 6/12/56
REGISTRAR'S SIGNATURE R H McWilliams
25. FUNERAL DIRECTOR'S SIGNATURE R. L. Duffie ADDRESS Funeral Home Bernie, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUN 18 1956
BUTLER CO. HEALTH CENTER

FILE No. _____

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 Raymond L. Duffie

Licensed Embalmer No. 4798

P. O. Address Bernie, Mo.

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

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