

FILED MAR 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8137

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

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>H6</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).			
a. COUNTY <u>Dunklin</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Dunklin</u>	
c. LENGTH OF STAY (in this place) <u>9 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (So. of Arbyrd)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (So. of Arbyrd)</u>		d. STREET ADDRESS (If rural, give location) <u>Beachville, Ark. Rt. 1 mailing address</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Co. Memo. Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>Beachville, Ark. Rt. 1 mailing address</u>			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH		5. SEX		6. COLOR OR RACE	
a. (First) <u>Thomas</u>		b. (Middle) <u>Joe</u>		c. (Last) <u>Barnes</u>		a. (Month) <u>Feb</u>	
b. (Middle) <u>Joe</u>		c. (Last) <u>Barnes</u>		d. (Day) <u>28</u>		e. (Year) <u>1957</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Aug 12, 1948</u>		9. AGE (In years last b'day) <u>8</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Monette, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Charley Barnes</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Lee Carnel</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charley Barnes - Beachville, Ark Rt. 1</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs</u>	
I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) <u>89% of body burned</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" 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) <u>035</u> (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>9-28</u> , <u>1957</u> , to <u>3-28</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>3-28</u> , 19 <u>57</u> , and that death occurred at <u>1:40 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Wendt M.D.</u> (Degree or title)				23b. ADDRESS <u>Conduell, Mo.</u>		23c. DATE SIGNED <u>3-9-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 3, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Beachville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Beachville, Ark.</u>	
DATE REC'D BY LOCAL REG. <u>3-11-1957</u>		REGISTRAR'S SIGNATURE <u>Carl [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard Funeral Service - Beachville, Ark.</u> ADDRESS _____			

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 3-20-5
COUNTY FILE NUMBER 357-

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

working under my personal supervision.

Student Embalmer No.

Signed

H. H. Howard

Signed.....
Student Embalmer

Licensed Embalmer No. *3959*

P. O. Address *Leachville Ark*

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.