

St. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14133**

FILED APR 18 1957

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **58**

6781

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

1. PLACE OF DEATH a. COUNTY PEMISCOT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admision). a. STATE MISSOURI b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HAYTT		c. CITY OR TOWN PORTAGEVILLE	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 9 DAYS		e. STREET ADDRESS (If rural, give location) 310 E. 3rd	
d. FULL NAME OF HOSPITAL OR INSTITUTION PEMISCOT MEMORIAL HOSPITAL			

0721

3. NAME OF DECEASED (Type or Print) LUCY BARNES			4. DATE OF DEATH MARCH 23, 1957		
5. SEX FEMALE		6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT. 14, 1873	9. AGE (In years last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK		11. BIRTHPLACE (City and State or Foreign Country) PEMISCOT CO., MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME MAKE FISHER		13b. MOTHER'S MAIDEN NAME MARY LIGGETT	
14. NAME OF HUSBAND OR WIFE J. N. BARNES		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MYRTLE BARNES PORTAGEVILLE, 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) Complete heart block		INTERVAL BETWEEN ONSET AND DEATH minutes	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) left pulmonary infarction 6 days	
		DUE TO (c) pulmonary embolus		6 days	
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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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) (Minute)		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 **Oct 1956**, to **Mar 1957**, that I last saw the deceased alive on **23 Mar 1957**, and that death occurred at **12:55 PM**, from the causes and on the date stated above.

22a. SIGNATURE R. S. Smith M.D. (Degree or title)		22b. ADDRESS Portageville, Mo		22c. DATE SIGNED 26 Mar	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR. 25, 1957		24c. NAME OF CEMETERY OR CREMATORY PORTAGEVILLE CEMETERY	
24d. LOCATION (City, town, or county) (State) PORTAGEVILLE, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DELISIE FUNERAL PARLOR PORTAGEVILLE, MO.			
24e. DATE REC'D BY LOCAL REG. 3-30-57		24f. REGISTRAR'S SIGNATURE John H. German			

4060

4-100-57

APR 16 1957

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

APR 26 1957

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 4481
P. O. Address Paducah, Ky

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.