No. 300
10.46

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

FILED SEP 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27924

BIRTH NO. _____ REG. DIST. NO. 102 PRIMARY REG. DIST. NO. 542 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Salem
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): Residence- 3 miles south of Arbyrd, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Dunklin
c. CITY OR TOWN: Salem Township
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (Rural route and box number): 3 miles south of Arbyrd, Mo.

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

4. DATE OF DEATH (Month) (Day) (Year): Aug. 5, 1957

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Aug. 5, 1957
9. AGE (In years last birthday): 0
IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HRS.: Hours 2 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 (City and State or Foreign Country): Arbyrd, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Charley Barnes
13b. MOTHER'S MAIDEN NAME: Bertha Carnel
14. NAME OF HUSBAND OR WIFE: None

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.: None
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Charley Barnes, Leachville, Ark. Rt 1

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Premature

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.

INTERVAL BETWEEN ONSET AND 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* Aug 5, 1957, *to* Aug 5, 1957, *that I last saw the deceased alive on* Aug 5, 1957, *and that death occurred at* 12:30 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE: W W Englehart M.D. (Degree or title)
23b. ADDRESS: Cardwell, Mo
23c. DATE SIGNED: 8-21-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-5-57
24c. NAME OF CEMETERY OR CREMATORY: Leachville Cemetery
24d. LOCATION (City, town, or county) (State): Leachville, Arkansas

DATE REC'D BY LOCAL REG.: 8-29-57
REGISTRAR'S SIGNATURE: Mrs. J. H. Lanier
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Howard Funeral Service Leachville Ark

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNT

DEPARTMENT 9/3

COUNTY FILE NUMBER 9

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 9/7/ Howard

Licensed Embalmer No. 3959

P. O. Address Leachville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.