

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027890  
STATE FILE NUMBER

FILED AUG 8 1958

Registration District No. 333 Primary Registration District No. 3024 Registrar's No. 147

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <b>Sikeston</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Poplar Bluff</b> 01240 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION <b>Mo. Delta Comm. Hosp. 2 Days</b>		d. STREET ADDRESS (If outside, give location) <b>1713 Wilson St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>Darr</b> Last <b>Barnes</b>		4. DATE OF DEATH Month <b>7</b> Day <b>7</b> Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>7-28-1907</b>
9. AGE (In years last birthday) <b>50</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Oil Heater</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction Co.</b>	11. BIRTHPLACE (City and state or country) <b>Harrisburg, Arkansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Alec Barnes</b>	
14. MOTHER'S MAIDEN NAME <b>Nora Adams</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>431-01-6319</b>	
16. SOCIAL SECURITY NO. <b>431-01-6319</b>		17. INFORMANT <b>Mrs. Velma Barnes, Poplar Bluff, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Insufficiency</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>① Pulmonary Edema ② Congestive Heart Failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7 hrs</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office-bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>Sikeston, Mo.</b>		20g. COUNTY <b>Butler</b>	
20h. STATE <b>Missouri</b>		21. I attended the deceased from <b>July 5 1958</b> to <b>July 7 1958</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>8:09 PM July 4 1958</b> Death occurred at <b>11:55 P. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>Andrew Brown, Jr. M.D.</b>		22b. ADDRESS <b>Sikeston, Mo.</b>	
22c. DATE SIGNED <b>7-12-58</b>		23a. BURIAL, CREMATION, OR DISPOSITION (Specify) <b>Burial</b>	
23b. DATE <b>7-10-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Shain Memorial</b>	
23d. LOCATION (City, town, or county) <b>Butler Co., Mo.</b>		23e. STATE <b>Missouri</b>	
24. FUNERAL DIRECTOR <b>J.C. White</b>		25. DATE RECD. BY LOCAL REG. <b>7-31-58</b>	
26. REGISTRAR'S SIGNATURE <b>Mr. E. L. Hunter</b>		27. ADDRESS <b>Fisk, Mo.</b>	

Health, Welfare Public Service  
300 1-56  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DATE RECEIVED 8-4-58

SCOTT CO. HEALTH DEPT.

CO. FILE No. 858-~~193~~ 193

*Pl. 10-11*

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 *Raymond L. Duff* .....

Licensed Embalmer No. 479

P. O. Address *Berne* .....

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.