

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017449  
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1131

**FILED APR 25 1962**

VS 300  
Rev. 4/59

1 400

2 22

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48

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		Length of stay in 1b <b>893.3 DAYS</b>	c. CITY OR TOWN <b>ST. LOUIS, MO.</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1228a NORTH 7th STREET</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>GEORGE E. BARNES</b>		4. DATE OF DEATH Month Day Year <b>APRIL 9, 1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-15-1899</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PAINTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSE &amp; DECORATING</b>	9. AGE (last birthday) <b>62</b>
11a. FATHER'S NAME <b>WILLIAM BARNES</b>		11b. MOTHER'S MAIDEN NAME <b>DAISY STRODE</b>	11. BIRTHPLACE (City and state or country) <b>SALEM, MISSOURI</b>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW-I</b>		12b. SOCIAL SECURITY NO. <b>5</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13. NAME OF HUSBAND OR WIFE -----		14. NAME OF HUSBAND OR WIFE <b>WILLIAM C. BARNES, SHILO, ILLINOIS</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ACUTE HEMORRHAGIC CEREBRAL INFARCTION</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 DAY</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>CEREBROVASCULAR ARTERIOSCLEROSIS</b>			
DUE TO (c) <b>GENERALIZED ARTERIOSCLEROSIS</b>			<b>332x</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>BILATERAL DIFFUSE BRONCHOPNEUMONIA . PULMONARY EDEMA</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <b>VA</b>		20f. CITY, TOWN, OR LOCATION <b>10-29-59</b>	COUNTY STATE
21. I attended the deceased from <b>10-29-59</b> to <b>4-9-62</b> and <del>XXXXXX</del>		21. I attended the deceased from <b>10-29-59</b> to <b>4-9-62</b> and <del>XXXXXX</del>	
Death occurred at <b>12:20 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Paul G. Stromsdorger</i>		22b. ADDRESS <b>M.D. VA HOSP. JEFF. BRKS. MO.</b>	22c. DATE SIGNED <b>4-10-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>4-10-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Salem, Mo.</b>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <b>Spencer Funeral Home, Salem, Missouri.</b>		25. DATE RECD. BY LOCAL REG. <b>4-10-62</b>	26. REGISTRAR'S SIGNATURE <i>John C. Murphy</i>

USE BLACK INK OR TYPEWRITER RIBBON

APR 25 1950

**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 Stanley H. Dixon  
Licensed Embalmer No. 41913

P. O. Address St. Louis

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.