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

FILED MAY 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr E. R. [illegible] 12674

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 388

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield, Rural S. Campbell Twp
c. LENGTH OF STAY (in this place): 33 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 9

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield, Rural-S. Campbell Twp
d. STREET ADDRESS (If rural, give location): Route 9

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

4. DATE OF DEATH (Month) (Day) (Year): April 23, 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 14, 1878
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 6, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Contractor
11. BIRTHPLACE (State or foreign country): Springfield, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George W. Barnes
13b. MOTHER'S MAIDEN NAME: Katie D. Wunder
14. NAME OF HUSBAND OR WIFE: Mrs. Adrian Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Adrian Barnes — ADDRESS: Springfield, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of head of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: Mo.

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.: arterio sclerotic heart disease — 157X

19a. DATE OF OPERATION: Unknown
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of head of pancreas
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* Sept., 1949, *to* ~~4-22~~ 3-31-50, ~~1950~~, *that I last saw the deceased alive on* ~~4-22~~ 3-31, 1950, *and that death occurred at* 12:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. R. Huffman M.D.
23b. ADDRESS: Professional Bldg
23c. DATE SIGNED: 4-24-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: April 25, 1950
24c. NAME OF CEMETERY OR CREMATORY: Hazelwood
24d. LOCATION (City, town, or county) (State): Springfield, Missouri

DATE REC'D BY LOCAL REG.: 4-26-50
REGISTRAR'S SIGNATURE: W. E. Handley M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Gorman - Scharff F. Home — ADDRESS: Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed Laura G. Schaff

Licensed Embalmer No. 3802

P. O. Address Springfield, Mo.

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.