

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13736

State File No. ....

BIRTH NO. .... REG. DIST. NO. 198 PRIMARY REG. DIST. NO. 4310 Registrar's No. 68

0610

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

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>-</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bever</u>	c. LENGTH OF STAY (In this place) <u>4 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Chicago 8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>-</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse</u> b. (Middle) <u>O</u> c. (Last) <u>Barnes</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-17-50</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-28-1888</u>	9. AGE (In years last birthday) <u>62</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>15</u> IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cabman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Bever Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Charles O. Barnes</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Whitaker</u>	14. NAME OF HUSBAND OR WIFE <u>Lena Barnes</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>350-05-9294</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lena Barnes</u> ADDRESS <u>Bever Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Coronary Artery Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown</u> DUE TO (c) <u>Unknown</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>obesity</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 15, 1950, that I last saw the deceased alive on April 17, 1950, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>L. L. Durden, Jr.</u> (Degree or title)	23b. ADDRESS <u>Macon Mo</u>	23c. DATE SIGNED <u>4/22/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-20-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Oakwood</u>	24d. LOCATION (City, town, or county) (State) <u>Bever Mo</u>
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DATE REC'D BY LOCAL REG. <u>4/25/50</u>	REGISTRAR'S SIGNATURE <u>Josephine King</u> 397	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Edwards</u> ADDRESS <u>Bever Mo</u>
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RECEIVED 5.3.50  
MACON COUNTY HEALTH DEPARTMENT  
County File No. ....5.50.101...  
Date Filed .....5.4.50.....

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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 W. S. Edwards

Licensed Embalmer No. 1961

P. O. Address Revis, 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.