

S. No. 300  
v. 10-48

FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19037

0970  
2

Rural  
WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 6093		Registrar's No. 102	
1. PLACE OF DEATH a. COUNTY <b>Saline</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall, Township</b>		c. LENGTH OF STAY (in this place) <b>14 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural (near Centralia)</b>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Missouri State School,</b>				d. STREET ADDRESS (If rural, give location) <b>rural..Route #5, 0100 / 1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Marie</b>		b. (Middle) <b>Ruth</b>		c. (Last) <b>Barnes</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 16, 1950</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Dec. 21, 1924</b>	
9. AGE (In years last birthday) <b>25</b>		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Days		Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (State or foreign country) <b>Centralia, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>G.R. Barnes</b>		13b. MOTHER'S MAIDEN NAME <b>Nina Wade</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Records of Missouri State School, Marshall, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Phthisis Pulmonalis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>none</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 <b>some yrs</b>  <b>002X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>none</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>9-20-49</b> , 19 <b>49</b> , to <b>5-16</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>5-15</b> , 19 <b>50</b> , and that death occurred at <b>7:33A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Frank L. Nichols M.D.</b>				23b. ADDRESS <b>Marshall, Mo Missouri State School,</b>		23c. DATE SIGNED <b>5-16-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 17, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Missouri State School</b>		24d. LOCATION (City, town, or county) (State) <b>Marshall Mo</b>	
DATE REC'D BY LOCAL REG. <b>May 16-1950</b>		REGISTRAR'S SIGNATURE <b>Dickey F. Gray</b>		385 25. FUNERAL DIRECTOR'S SIGNATURE <b>Campbell-Lewis</b>		ADDRESS <b>Marshall, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

MAY 22

District Health Officer No. 8,

District File Number

Date Filed

5/22/50

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.

Signed *R. W. Campbell Jr.*

Signed Student Embalmer

Licensed Embalmer No. 3469

P. O. Address *Marshall, 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.