

FILED SEP 8 1950

BIRTH NO. _____		REG. DIST. NO. 300		PRIMARY REG. DIST. NO. 6029		Registrar's No. 14	
1. PLACE OF DEATH a. COUNTY Reynolds				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Reynolds			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellington		c. LENGTH OF STAY (If in place) 80		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellington		0900	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home of Daughter				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) EMMEN c. (Last) BARNES			4. DATE OF DEATH (Month) (Day) (Year) August 6 1950				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug 19 1864		9. AGE (In years) (If under 1 year, last birthday) 85 (Months) 11 (Days) 17	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Ephraim Stout			13b. MOTHER'S MAIDEN NAME Francis Falkenberg		14. NAME OF HUSBAND OR WIFE William BARNES		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Martha E Wood		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS (d) Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 24h.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) Logan Reynolds, Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR No physician in attendance			
22. I hereby certify that I attended the deceased from X, 19, to X, 19, and that death occurred at 10:25 P.M., from the causes and on the date stated above.							
23a. SIGNATURE A. F. Brigg, M.D. (Degree or title)				23b. ADDRESS Robinson, Mo.		23c. DATE SIGNED 8-8-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-7-50		24c. NAME OF CEMETERY OR CREMATORY Ellington		24d. LOCATION (City, town, or county) (State) Ellington Mo.	
DATE REC'D BY LOCAL REG. 8-11-50		REGISTRAR'S SIGNATURE Essie Evans-0 276		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. S. Smith Ellington			

RECEIVED
SEP 7 1950
DISTRICT HEALTH OFFICE No.
D.C.

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 *Chas. S. Jewett*

Licensed Embalmer No. *4574*

P. O. Address *Elkington, Md.*

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.