No. 300
10.48

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41518

BIRTH NO. 81639-49 REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5787 Registrar's No. 96

0670
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston (Rural)
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 2, Box 204

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Mississippi 06'1
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston (Rural) 0
d. STREET ADDRESS (If rural, give location): Route 2, Box 204

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

4. DATE OF DEATH (Month) (Day) (Year): Dec. 15, 1950

5. SEX: Female 3
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 0
8. DATE OF BIRTH: Dec. 20, 1949
9. AGE (In years last birthday): If under 1 year: Months 11, Days 25; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Charleston, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: R. Q. Barnes
13b. MOTHER'S MAIDEN NAME: Edna Cleaves
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: R. Q. Barnes, R. 2, Box 204, Charleston, 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) NATURAL CAUSES

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) PROBABLY SUFFERING FROM
DUE TO (c) VIRUS PNEUMONIA. DIED BEFORE

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* MEDICAL AID COULD BE SUMMONED!

INTERVAL BETWEEN ONSET AND DEATH: 492X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
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* AS CORONER, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 11:58P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Coroner
23b. ADDRESS: Charleston, Mo
23c. DATE SIGNED: 12-17-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: Dec. 21, 1950
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State): Charleston, Mo.

DATE REC'D BY LOCAL REG.: Dec. 19, 1950
REGISTRAR'S SIGNATURE: Mrs. Lex Kilgore 439 0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: F. J. Sparks, Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DEC 28

DEC 22 REC'D
RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed ~~DEC 22 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 _____
Student Embalmer

Signed Frank J. Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.