

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **22616**

FILED AUG 8 1951

BIRTH NO. _____ REG. DIST. NO. **103** PRIMARY REG. DIST. NO. **4125** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hornersville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hornersville	
c. LENGTH OF STAY (In this place) 3 yrs.		d. STREET ADDRESS (If rural, give location) City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home-City			

3. NAME OF DECEASED (Type or Print) a. (First) HENRY	b. (Middle) A.	c. (Last) BARNES	4. DATE OF DEATH (Month) (Day) (Year) July 19 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 22, 1879	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR (Months) (Days) 5 27	IF UNDER 2 HRS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Barnes	13b. MOTHER'S MAIDEN NAME Martha Curry	14. NAME OF HUSBAND OR WIFE
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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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Louise DeVault	ADDRESS Hornersville, Mo.
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Congestive Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 6 mo.
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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)	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 **7/19, 1948**, to **7/28, 1951**, that I last saw the deceased alive on **5/28, 1951**, and that death occurred at **1:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Wallace A. Selsey, M.D. (Degree or title)	23b. ADDRESS Campbell Mo.	23c. DATE SIGNED 7/26/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 21, 1951	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Campbell, Missouri
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DATE REC'D BY LOCAL REG. 7-31-51	REGISTRAR'S SIGNATURE Bertha Kinschling	25. FUNERAL DIRECTOR'S SIGNATURE Landess	ADDRESS Funeral Home Campbell, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

13550
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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 8-1-51

COUNTY FILE NUMBER 851-209

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 Earl Anderson

Licensed Embalmer No. 2289

P. O. Address Amphlett, 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.