

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4137

State File No. _____

BIRTH NO. 4137 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY BUTLER			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BUTLER		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - Poplar Bluff Twp		c. LENGTH OF STAY (in this place) 18 HRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL -		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3mi. South of Poplar Bluff			d. STREET ADDRESS (If rural, give location) 3mi. South of Poplar Bluff		
3. NAME OF DECEASED (Type or Print) a. (First) PATRICIA b. (Middle) ANN c. (Last) BARNES			4. DATE OF DEATH (Month) (Day) (Year) MARCH 4 52		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH 3-3-52	9. AGE (In years last birthday) 18	IF UNDER 1 YEAR Months Days
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) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME KENNETH BARNES		13b. MOTHER'S MAIDEN NAME DOROTHY STUCKER		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Dorothy Barnes ADDRESS P.B. Mo.	

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 18 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atalaxia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Insomnia in lying position DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 7620		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	
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 3 Mar, 19 02 to 4 Mar, 19 52 that I last saw the deceased alive on 3 Mar, 19 52 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Dr. D. A. Root (Degree or title)		23b. ADDRESS Poplar Bluff Mo		23c. DATE SIGNED 5 Mar 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-6-52	24c. NAME OF CEMETERY OR CREMATORY Ash Hill	24d. LOCATION (City, town, or county) (State) BUTLER MO.	
DATE REC'D BY LOCAL REG. March 5-1952		REGISTRAR'S SIGNATURE Wm. H. Johnson <u>428</u>		25. FUNERAL DIRECTOR'S SIGNATURE J. C. White ADDRESS Fisk, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

120
1

FILED MAR 13 1952

RECEIVED
MAR 11 1952
BUTLER CO. HEALTH CENTER
FILE No. 352-121

Not Embalmed

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.....

Licensed Embalmer No.

P. O. Address.....

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.