

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5832
Registrar's No. 14

FILED MAR 11 1952

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4345

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY OR TOWN <u>MATTHEWS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MATTHEWS 1720</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>B</u> c. (Last) <u>BARNES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-27-52</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JUNE 7 1874</u>
9. AGE (In years last birthday) <u>77</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <u>Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>LEE BARNES</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLYN THOMAS</u>	
14. NAME OF HUSBAND OR WIFE <u>Florence J</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Levi Barnes - Terre Haute Ind</u> ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive cardiovascular disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterial hypertension</u> 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 <u>44-3X</u>	
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)	
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?			
22. I hereby certify that I attended the deceased from <u>5-25</u> , 19 <u>51</u> , to <u>2-27</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2-26</u> , 19 <u>52</u> , and that death occurred at <u>7:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. C. Cutchlow</u> (Degree or title)		23b. ADDRESS <u>Seheston, MO</u>	
23c. DATE SIGNED <u>3/7/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>2-29-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ODD FELLOW</u>	
24d. LOCATION (City, town, or county) (State) <u>CHARLESTON MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Welch Funeral Home - Seheston Mo</u> ADDRESS	
DATE REC'D BY LOCAL REG. <u>3-9-52</u>		REGISTRAR'S SIGNATURE <u>Nehew Louie Jones</u> <u>2/10</u>	

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

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AUG 14 1952

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Raymond Crews

Signed.....
Student Embalmer

Licensed Embalmer No. *3467*

P. O. Address *Atteston Me.*

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.