

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8130

State File No.

BIRTH NO. REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 34

2411

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

1. PLACE OF DEATH a. COUNTY <u>Harrison</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u> c. LENGTH OF STAY (in this place) <u>3 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Reid Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blythedale</u> <u>2410</u> d. STREET ADDRESS (If rural, give location) <u>None</u> <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edd</u> b. (Middle) <u>—</u> c. (Last) <u>Barnes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-16-1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>5-15-1882</u>	9. AGE (In years last birthday) <u>69</u> Months <u>10</u> Days <u>1</u> IF UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tobacco</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Harrison County Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>James C Barnes</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Turner</u>	14. NAME OF HUSBAND OR WIFE <u>Jennie Barnes Dec.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Charles Page Silver City, Mo.</u>		
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.				INTERVAL BETWEEN ONSET AND DEATH <u>Mar 11 to Mar 16</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Vascular Accidents</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>331X</u>			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) (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>March 8, 1952</u> to <u>Mar 16, 1952</u> , that I last saw the deceased alive on <u>Mar 16, 1952</u> , and that death occurred at <u>7:30p m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Charles F. Lambert D.O.</u>		23b. ADDRESS <u>Bethany Mo.</u>	23c. DATE SIGNED <u>Mar 19, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-18-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Coyleville Masonic</u>	24d. LOCATION (City, town, or county) (State) <u>Coyleville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>MAR. 20-52</u>	REGISTRAR'S SIGNATURE <u>Zola Burris 116-1</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Haas Bethany Mo.</u>		

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

M. B. Lane

Licensed Embalmer No. 3899

P. O. Address Bethany, 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.