7.S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 3 - 1952

State File No. 12796
1887

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 1 WK.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MENORAH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: ARKANSAS
b. COUNTY: MILLER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TEXARKANA 8030
d. STREET ADDRESS (If rural, give location): 3316 COUNTY AVE.

3. NAME OF DECEASED (Type or Print)
a. (First): HORACE
b. (Middle): M.
c. (Last): BARNES

4. DATE OF DEATH (Month) (Day) (Year): 4 - 25 - 52

5. SEX: M 0
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: Sept. 2, 1905
9. AGE (In years last birthday): 46 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETAIL LIQUOR BUSINESS.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): ARKANSAS 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: THOMAS A. BARNES
13b. MOTHER'S MAIDEN NAME: FANNIE HANLE
14. NAME OF HUSBAND OR WIFE: JOYCE BARNES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): #2 (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: MR. V.N. BARNES — **ADDRESS**: 9420 LEE BLVD.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Brain Tumor, malignant — INTERVAL BETWEEN ONSET AND DEATH: 3-4 Weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): _____
DUE TO (c): _____

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: 193X

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* Apr 20, 1952, *to* Apr 25, 1952, *that I last saw the deceased alive on* Apr 24, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE F. A. Carmichael Jr /(Degree or title): F.A. Carmichael Jr. M.D.
23b. ADDRESS: 411 Nichols Rd. KC Mo.
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 4-25-52
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county) (State): TEXARKANA, ARKANSAS

DATE REC'D BY LOCAL REG.: 4-25-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: STINE & MC CLURE, KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

Le 3305

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 J. T. Crowell, Student Embalmer No. 451, working under my personal supervision.

Student J. T. Crowell
Student Embalmer

Signed S. J. Allen

Licensed Embalmer No. 1415

P. O. Address K. C. 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.