

150 JUL 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26934

BIRTH NO.		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 97	
1. PLACE OF DEATH a. COUNTY <i>Linn</i> 10802				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jasper</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Washington Twp.</i>		c. LENGTH OF STAY (In this place) <i>2-6-19</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Joplin</i> 6490		d. STREET ADDRESS (If rural, give location) <i>Rural #1</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital #3</i>				3. NAME OF DECEASED a. (Given) <i>Charles</i> b. (Middle) <i>E.</i> c. (Last) <i>Barnes</i>			
4. DATE OF DEATH (Month) (Day) (Year) <i>7-23-52</i>		5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	
8. DATE OF BIRTH <i>1-31-1887</i>		9. AGE (In years last birthday) <i>65</i>		IF UNDER 1 YEAR Months <i>5</i> Days <i>23</i>		IF UNDER 24 HRS. Hours <i></i> Min. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Tobacco</i>				10b. KIND OF BUSINESS OR INDUSTRY <i></i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Dade County Mo</i>	
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>				13a. FATHER'S NAME <i>Albert L. Roy Barnes</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Victoria Dean</i>	
14. NAME OF HUSBAND OR WIFE <i>Rutha Barnes</i>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Unknown</i>		16. SOCIAL SECURITY NO. <i>Unknown</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Charles Barnes Joplin Mo R #1</i>				18. ADDRESS <i></i>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arterio Sclerotic heart disease</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Alzheimer Disease</i> DUE TO (b) <i></i> DUE TO (c) <i></i>				INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs +</i> <i>2 yrs +</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION <i>None</i>				19b. MAJOR FINDINGS OF OPERATION <i>None</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>None</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i></i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>4200</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <i></i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i></i>			
22. I hereby certify that I attended the deceased from <i>1-4-1950</i> , to <i>7-23-1952</i> , that I last saw the deceased alive on <i>7-23-1952</i> , and that death occurred at <i>5:50 P.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>J.A. Bunch M.D.</i>				23b. ADDRESS <i>State Hospital #3</i>		23c. DATE SIGNED <i>7-23-52</i>	
24a. BURIAL CREMATION REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>7/26/52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Forest Park Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Joplin, Missouri</i>	
DATE REC'D BY LOCAL REG. <i>7-15-52</i>		REGISTRAR'S SIGNATURE <i>Orma E. Ferry</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>WEDGE LEWIS FUNERAL HOME</i>		ADDRESS <i>WEBB CITY MO</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 1 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leonard J. Lewis

Licensed Embalmer No. 4561

P. O. Address Wills City, Md.

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.