

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **767**

FILED FEB 15 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3619** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kennett Mo.</b>		c. CITY OR TOWN <b>Kennett</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>8 Days</b>		e. STREET ADDRESS (If rural, give location) <b>Dunklin County Home</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Dunklin County Memorial</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Mary</b>	b. (Middle)	c. (Last) <b>Barnes</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 9-1954</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 22-1898</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>17</b>	IF UNDER 2 HRS. Hours <b>17</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Tennessee</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Gene Jackson</b>	ADDRESS <b>Kennett Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>months</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ca of ovary</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
ANTECEDENT CAUSES		DUE TO (b) _____	
		DUE TO (c) _____	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on **Feb. 9**, 19**54**, and that death occurred at **7:00 Am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. A. Zimmerman</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Kennett Mo.</b>	23c. DATE SIGNED <b>2-9-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-9-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>County Farm</b>	24d. LOCATION (City, town, or county) (State) <b>Kennett Rt. 3</b>
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DATE REC'D BY LOCAL REG. <b>2-11-54</b>	REGISTRAR'S SIGNATURE <b>Earl Hubbard</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Lenta Seavers</b> ADDRESS <b>Kennett Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY  
DEPARTMENT ..... 2-12-...  
COUNTY FILE NUMBER 254

STATEMENT BY LICENSED EMBALMER

*Not embalmed*

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.....  
Signature of Student Embalmer

Signed *Edgar Lee Ford*

Licensed Embalmer No. *443*

P. O. Address *Hennett*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.