

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18084

State File No. 3007
Registrar's No. 383

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY BUTLER 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)
a. STATE MISSOURI b. COUNTY BUTLER

b. CITY OR TOWN POPLAR BLUFF c. LENGTH OF STAY (in this place) 1 hr. c. CITY OR TOWN RURAL d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION POPLAR BLUFF HOSPITAL STREET ADDRESS (If rural, give location) 5 MI. S. of POPLAR BLUFF, MO. 1

3. NAME OF DECEASED a. (First) GARY b. (Middle) LEE c. (Last) BARNES 4. DATE OF DEATH 6 - 28 - 54

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER 8. DATE OF BIRTH AUG. 8 - 1950 9. AGE (In years last birthday) 3 IF UNDER 1 YEAR Months 10 IF UNDER 24 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (Give name and State or Foreign Country) POPLAR BLUFF, MO. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME KENNETH BARNES 13b. MOTHER'S MAIDEN NAME DORTHY STUCKER 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME KENNETH BARNES ADDRESS POPLAR BLUFF, MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia
 ANTECEDENT CAUSES measles
 *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
 DUE TO (b) _____
 DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS Enlarged Thyroid Gland
 Conditions contributing to the death but not related to the disease or condition causing death.

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) _____ 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 June 28, 1954, to _____, 19____, that I last saw the deceased alive on June 28, 1954, and that death occurred at 3:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold Ollerichson MD 23b. ADDRESS Poplar Bluff Mo. 23c. DATE SIGNED 7-2-54

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ 24b. DATE 6-30-54 24c. NAME OF CEMETERY OR CREMATORY ASH HILL 24d. LOCATION (City, town, or county) (State) BUTLER COUNTY MO.

DATE REC'D. BY LOCAL REG. 7/2/54 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE J. C. White ADDRESS Fisk, Mo.

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

No. 300
10.48

24
0

RECEIVED
JUL 17 1954
BUTLER CO. HEALTH CENTER
FILE No. _____

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 6-28-JK, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Phil A. Leuchel
Licensed Embalmer No. 29

P. O. Address Peyplo

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.