No. 300
10-48

FILED DEC 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37851

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 268

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon, Missouri
c. LENGTH OF STAY (in this place): 30 Min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Laclede
c. CITY OR TOWN: Richland, Mo
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Rural Rt. 2

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): William
c. (Last): Barnes

4. DATE OF DEATH (Month) (Day) (Year): Nov. 16, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 19, 1913
9. AGE (In years last birthday): 41 | 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Stoutland, Mo Rural
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Ben Franklin Barnes
13b. MOTHER'S MAIDEN NAME: Elizabeth Thomas
14. NAME OF HUSBAND OR WIFE: Etta Maye Henry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 515-01-0248
17. INFORMANT'S SIGNATURE OR NAME: Etta Maye Barnes
ADDRESS: Richland, Mo R.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Compound fractures both legs — 1 hour
DUE TO (c)

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

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hwy " 66"
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 16 miles E. of Lebanon, Laclede Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 16, 1954 5 PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Pedestrian on Hwy " 66"

22. *I hereby certify that I attended the deceased from _____, 19__ to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 5:40 p *m., from the causes and on the date stated above.*

23a. SIGNATURE J. H. Johnson (Degree or title) MD
23b. ADDRESS: Lebanon, Missouri
23c. DATE SIGNED: 11/19/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov/19/54
24c. NAME OF CEMETERY OR CREMATORY: Stoutland Cemetery
24d. LOCATION (City, town, or county) (State): Stoutland, Missouri

DATE REC'D BY LOCAL REG.: 11-29-1954
REGISTRAR'S SIGNATURE: Ella L. May
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: T. Hedges Richland Mo
Hedges Funeral Home Richland, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Received 12-4-54

Laclede County Health Unit

File No. 202

Date Filed 12-7-54

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence Jones

Licensed Embalmer No. 489

P. O. Address Waynesville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.