

pt. Health,
... & Welfare
S. Public
Health Service
0350
S. 300
ev. 1-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43957
STATE FILE NUMBER

FILED JAN 2 1958

Registration District No. 103 Primary Registration District No. 5417 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hammersville RT1</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Hammersville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in lb <u>25 yrs</u>		d. STREET ADDRESS <u>At</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Harriet Jackson Barnes</u>				4. DATE OF DEATH Month Day Year <u>12-18-57</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>12-16-1877</u>		9. AGE (In years last birthday) <u>79</u>	FUNERAL YEAR Months Days <u>1 27</u>	IF UNDER 24 HRS. Hours Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and state or country) <u>Hamilton Ala</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>H. C. Barnes</u>			13b. MOTHER'S MAIDEN NAME <u>Nellie Beck</u>			14. NAME OF HUSBAND OR WIFE <u>Josephine Barnes</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Rabbin Conoda</u>			Address <u>Alphathill Ark</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebro vascular accident</u>							INTERVAL BETWEEN ONSET AND DEATH <u>12 hour</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <u>hypertensive cardiac vasculodisene</u>					
			DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from <u>6/19/57</u> to <u>12/13/57</u> and last saw her alive on <u>12/13/57</u> Death occurred at <u>2:40</u> <u>PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>R. J. Polenski</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>Hammersville, Mo</u>		22c. DATE SIGNED <u>12/26/57</u>		
22d. BURIAL, CREMATION, REMOVAL (Specify)		22e. DATE	22f. NAME OF CEMETERY OR CREMATORY		22g. LOCATION (City, town, or county)		22h. (State)	
<u>Burial</u>		<u>12-15-57</u>	<u># 8</u>		<u>Coates</u>		<u>Mo</u>	
24. FUNERAL DIRECTOR <u>Sherman Gault Co</u> ADDRESS <u>Stale Mo</u>				25. DATE RECD. BY LOCAL REG. <u>12-27-57</u>		26. REGISTRAR'S SIGNATURE <u>Aue Palenske</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

RECEIVED DUNKLEW COUNTY HEALTH
DEPARTMENT 12-31-57
COUNTY FILE NUMBER 1257-30

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
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4732

P. O. Address Steele, Tenn.

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.