

FILED FEB 27 1951

STANDARD CERTIFICATE OF DEATH

State File No. 5564
Registrar's No. 334

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 334	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR Sedalia		c. LENGTH OF STAY (In this place) 13 hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR Sedalia		0804	
d. FULL NAME OF HOSPITAL OR INSTITUTION 926 South Kentucky				d. STREET ADDRESS (If rural, give location) 926 South Kentucky			
3. NAME OF DECEASED (Type or Print) a. (First) HORACE		b. (Middle) BARNES		c. (Last) BARNES		4. DATE OF DEATH (Month) (Day) (Year) Feb. 15, 1951	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 19, 1893	
9. AGE (In years last birthday) 57		10. UNDER 1 YEAR 8 Months		11. UNDER 1 YEAR 26 Days		12. UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY Minister		11. BIRTHPLACE (State or foreign country) Bollinger County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James F. Barnes		13b. MOTHER'S MAIDEN NAME Lou Harper Barnes		14. NAME OF HUSBAND OR WIFE Muriel Irvin Barnes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Muriel Barnes, 926 S. Kentucky Sedalia, Mo.		ADDRESS	
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) Cerebral Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anterior-Septal DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Interstitial Nephritis				INTERVAL BETWEEN ONSET AND DEATH 334X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-21-1950, to 2-15-1951, that I last saw the deceased alive on 2-15-1951, and that death occurred at 2:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE J. L. Muddox M.D.		(Degree or title)		23b. ADDRESS Sedalia Mo.		23c. DATE SIGNED 2-16-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/17/51		24c. NAME OF CEMETERY OR CREMATORY California Cemetery		24d. LOCATION (City, town, or county) (State) California, Mo.	
DATE REC'D BY LOCAL REG. 2/17/51		REGISTRAR'S SIGNATURE A. J. Campbell		25. FUNERAL DIRECTOR'S SIGNATURE L. E. Sullivan		ADDRESS Sedalia, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2-26-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2-26-51

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 F. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia Mo

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.