THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-017970
STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY OR TOWN: West Plains — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION: Stoll's Serg. Hosp — Length of stay in lb: 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Howell
c. CITY OR TOWN: Moody 0460 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CULLEN Middle Last BARNES

4. DATE OF DEATH: Month May Day 19 Year 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: March 4, 1879

9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 1 Days 15 — 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: Farm

11. BIRTHPLACE (City and state or country): Louisiana

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Emma Sigler Barnes

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.: None

17. INFORMANT Address: Mrs. F. W. Wheeler Moody Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH: sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Bedfast from prostatectomy — 2 days
DUE TO (c): due to prostatic obstruction (benign) — 5 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 610 X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 5 15 58 to 5 19 58 and last saw her him alive on 5 19 58
Death occurred at 6 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J B Stoll M D

22b. ADDRESS: West Plains MO

22c. DATE SIGNED: 5 21 58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5/21/58

23c. NAME OF CEMETERY OR CREMATORY: Free Union Cemetery

23d. LOCATION (City, town, or county) (State): Howell County, Missouri

24. FUNERAL DIRECTOR: Carter Funeral Service ADDRESS: Salem, Ark.

25. DATE RECD. BY LOCAL REG.: 5-27-58

26. REGISTRAR'S SIGNATURE: Beatrice Cook

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUL 8 8 1958

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 Leland Carter

Licensed Embalmer No. 4516

P. O. Address Thomson Ga

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.