

019-0-0-1 019-0-0

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STATE OF TEXAS
CERTIFICATE OF DEATH

156217

13621

STATE FILE NO.

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

1. PLACE OF DEATH a. COUNTY <u>Bowie</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Texas</u> b. COUNTY <u>Bowie</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>PRECINCT ONE Texarkana</u>)		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give precinct no.) <u>PRECINCT ONE Texarkana</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 3, Box 556</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 3, Box 556</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>H.</u> b. (Middle) <u>Green</u> c. (Last) <u>Barnes</u>			4. DATE OF DEATH <u>February 28, 1958</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 3, 1877</u>	9. AGE YEARS <u>81</u> MONTHS <u>0</u> DAYS <u>25</u>	IF UNDER 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Tenn.</u>		
12. FATHER'S NAME <u>Carroll Barnes</u>		BIRTHPLACE <u>unknown</u>	13. MOTHER'S MAIDEN NAME <u>Smothers</u>		BIRTHPLACE <u>unknown</u>
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		15. SOCIAL SECURITY NO.	16. INFORMANT'S SIGNATURE <u>Mrs. Essie Barnes</u>		
17. 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) <u>Carcinoma liver, probably metastatic, primary</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>source unknown</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION		19. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20c. (CITY, TOWN, OR PRECINCT NO.) COUNTY STATE		
20d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. HOW DID INJURY OCCUR?		
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p>TEXAS DEPARTMENT OF HEALTH REC'D APR 10 1958 BUREAU OF VITAL STATISTICS</p> </div>					
21. 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 _____ m., from the causes and on the date stated above.					
22a. SIGNATURE <u>C. A. Thompson M.D.</u> (Degree or title)			22b. ADDRESS <u>619 Main</u>		22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>March 3, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rondo</u>		
23d. LOCATION (City, town, or county) <u>Miller Co., Ark.</u> (State)		24. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. Malone</u>			
25a. REGISTRAR'S FILE NO. <u>14</u>		25b. DATE REC'D BY LOCAL REGISTRAR <u>3-10-58</u>	25c. REGISTRAR'S SIGNATURE <u>May [unclear] [unclear]</u>		