

03469

CERTIFICATE OF DEATH
STATE OF NEW MEXICO

BIRTH NO. _____ COUNTY NO. _____

1. PLACE OF DEATH a. COUNTY Guadalupe		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE California b. COUNTY Orange	
b. CITY (If outside corporate limits, write OR TOWN) Santa Rosa		c. LENGTH OF STAY (In this place) One Day	
d. FULL NAME OF (If NOT in hospital or institution, give street address or location) Guadalupe Co; Hospital		d. STREET ADDRESS (If rural, give location) 14811 Jefferson St;	

3. NAME OF DECEASED (Type or Print) a. (First) Jesse		b. (Middle) (Initial Only) "J" Barnes.		c. (Last) Barnes.		4. DATE OF DEATH (Month) (Day) (Year) Sept. 9, 1961	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 26, 1892	9. AGE (In years last birthday) 69	If Under 1 Year Months 0 Days 13	If Under 24 Hrs. Hrs. 13 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police officer	10b. KIND OF BUSINESS OR INDUSTRY City Police Force	11. BIRTHPLACE (State or foreign country) Oklahoma	12. CITIZEN OF WHAT COUNTRY? USA
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13. FATHER'S NAME Luther Barnes	14a. MOTHER'S MAIDEN NAME Sarah Bailey
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14b. HUSBAND or WIFE of Decedent (Whether living or not) Mrs Jesse L. Barnes	16. SOCIAL SECURITY NO. 518-18-422
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes	17. INFORMANT'S NAME Mrs Rebecca Barnes	14 Address Jefferson Midway City, Ca
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). 420.1	MEDICAL CERTIFICATION		Interval Between Onset and Death 24 Hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20a. INQUEST? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	20b. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY OR TOWN) (COUNTY) (STATE)
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at <input type="checkbox"/> Not While <input type="checkbox"/> Work at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22a. MEDICAL CERTIFICATE I hereby certify that I attended the deceased from Sept. 9th 1961 to Sept. 9th 1961 and that I last saw him alive on Sept. 9th 1961 and that death occurred 10:50 P.M. on the date stated above.	22b. HEALTH OFFICER'S OR CORONER'S CERTIFICATE I hereby certify that an _____ was held _____ autopsy, inquest or investigation on the remains of the deceased and it was determined from such action that deceased came to h. _____ death at _____ M. on the date and from the causes stated above.
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23a. SIGNATURE (Degree or title) <i>[Signature]</i>	23b. ADDRESS Santa Rosa, N. Mex.	23c. DATE SIGNED Sept. 9, 1961
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24a. BURIAL, CREMATION REMOVAL (Specify) Removal	24b. DATE PERMIT ISSUED 9-10-61	24c. DATE OF DISPOSAL 9-11-61	24d. NAME OF CEMETERY OR CREMATORY Memorial Park	24e. LOCATION (City, town, or county) (State) Westminister, Calif.
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25. DATE REC'D BY LOCAL REG. Sept. 10, 1961	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	27. FUNERAL DIRECTOR ADDRESS <i>[Signature]</i>
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