

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1654

BIRTH NO. 48-34455 REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chilhowee</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Clinic</u>		d. STREET ADDRESS (If rural, give location) <u></u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniel</u> b. (Middle) <u>Allan</u> c. (Last) <u>Barnhart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 21, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>X</u>	8. DATE OF BIRTH <u>June 29, 1948</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	9. AGE (In years last birthday) <u>X</u> IF UNDER 1 YEAR: Months <u>6</u> Days <u>23</u> IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
11. BIRTHPLACE (State or foreign country) <u>Warrensburg, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Earl J. Barnhart</u>		13b. MOTHER'S MAIDEN NAME <u>H. Mable Miller</u>	14. NAME OF HUSBAND OR WIFE <u>X</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Earl Barnhart</u> ADDRESS <u></u>
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) <u>Pneumonia - Bacterial</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES <u>Frequent vomiting</u> DUE TO (b) <u>undiagnosed</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u> INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
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) <u>Warrensburg, Johnson, Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 <u>Jan 20</u> , 19 <u>49</u> , to <u>Jan 21</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Jan 21</u> , 19 <u>49</u> , and that death occurred at <u>5:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. W. Cook</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Warrensburg, Mo.</u>	23c. DATE SIGNED <u>1-24-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/23/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shiloh</u>	24d. LOCATION (City, town, or county) (State) <u>Rural Chilhowee, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Jan. 24, 1949</u>	REGISTRAR'S SIGNATURE <u>S. S. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.W. Cook, Chilhowee, Missouri.</u> ADDRESS <u></u>	

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

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

J. W. Cook
.....

Licensed Embalmer No. *4335*

P. O. Address *Chilhowee, 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.