

FILED JUL 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24451

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

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6234 Registrar's No. 978

1. PLACE OF DEATH
a. COUNTY Ripley
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Doniphan
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION Harris Township

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. b. COUNTY Ripley
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Doniphan Route
d. STREET ADDRESS _____

3. NAME OF DECEASED
a. (First) Eulla b. (Middle) Irene c. (Last) Barnhart
4. DATE OF DEATH June 4, 1949

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Dec. 29, 1914 35 6 5
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) Evansville, Ind. 1
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Kinney Tutwiler 13b. MOTHER'S MAIDEN NAME Alice Fann 14. NAME OF HUSBAND OR WIFE Earnest Barnhart

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'S SIGNATURE OR NAME Earnest Barnhart ADDRESS Doniphan, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis.
INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4/201

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from June 3, 1949, to June 4, 1949, that I last saw the deceased alive on June 4, 1949, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Frank Johnson M.D. (Degree or title) 23b. ADDRESS Doniphan Mo 23c. DATE SIGNED 6 June 1949

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6/7/49 24c. NAME OF CEMETERY OR CREMATORY Antioch 24d. LOCATION (City, town, or county) (State) Oxly, Mo.

DATE REC'D BY LOCAL REG. 6-6-49 REGISTRAR'S SIGNATURE E. W. Johnston 277 25. FUNERAL DIRECTOR'S SIGNATURE Gish Funeral Home ADDRESS Haylor, Mo.

RECEIVED

7-9-49

District Health Officer No. 5,

District File No. 749480

Date Filed 7-14-49

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 Bryan McCord

Licensed Embalmer No. 4079

P. O. Address Doyle 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.