No. 300
10.48

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

FILED OCT 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29267
State File No.

BIRTH NO. REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 254

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (in this place): ~~30 yrs.~~ 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): K.C.O.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Adair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville 0013
d. STREET ADDRESS (If rural, give location): 411 W. Filmore

0013
0

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Louisa
c. (Last): Barnhill

4. DATE OF DEATH (Month) (Day) (Year): Sept. 26, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 7, 1891
9. AGE (In years last birthday): 59 | If under 1 year: Months, Days | If under 1 hr.: 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: Own Home
11. BIRTHPLACE (State or foreign country): Furth, Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Albert Daharsh
13b. MOTHER'S MAIDEN NAME: Bell Grim
14. NAME OF HUSBAND OR WIFE: Ira E. Barnhill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Ira E. Barnhill, Kirksville, Mo. ADDRESS

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Adhesions~~ Biliary Obstruction — INTERVAL BETWEEN ONSET AND DEATH: Several mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Adhesions of Hepatic ducts — unknown

DUE TO (c) Cholecystitis ? Cholelithiasis — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

585X

19a. DATE OF OPERATION: 9-23-50.
19b. MAJOR FINDINGS OF OPERATION: Biliary Obstruction
20. AUTOPSY? YES [X] 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) m.
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* 9-20, 1950, *to* 9-26, 1950, *that I last saw the deceased alive on* 9-25, 1950, *and that death occurred at* 5:25 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul R. Googler (Degree or title) D.O.
23b. ADDRESS: Kirksville, Missouri
23c. DATE SIGNED: 9/26/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/27/1950
24c. NAME OF CEMETERY OR CREMATORY: Yarrow
24d. LOCATION (City, town, or county) (State): Yarrow, Missouri

DATE REC'D BY LOCAL REG.: 9-29-50
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE: Paul M. Riley ADDRESS: Kirksville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Date Received: OCT 2 1950
DISTRICT HEALTH OFFICE #2
District File Number 10-50
Date Filed: OCT 3 1950

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~~ Glen A. Gibbons, working under my personal supervision.

Student Embalmer No.....

Signed Glen A. Gibbons

Signed.....
Student Embalmer

Licensed Embalmer No. 4624

P. O. Address Kirksville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.