

FILED SEP 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29966**
Registrar's No. **818**

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Laclede			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) 1 MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon		253	
d. FULL NAME OF HOSPITAL OR INSTITUTION St John's Hospital				d. STREET ADDRESS (If rural, give location) 426 S. Jefferson Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Lawrence			b. (Middle) L		c. (Last) Barnard		4. DATE OF DEATH (Month) (Day) (Year) Sept. 15 1950
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 7, 1898	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Salesman		10b. KIND OF BUSINESS OR INDUSTRY Automobile		11. BIRTHPLACE (State or foreign country) Webster Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Lemuel C. Barnard			13b. MOTHER'S MAIDEN NAME Christinia A. Yandell		14. NAME OF HUSBAND OR WIFE Jessie Selby Barnard		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW # I		16. SOCIAL SECURITY NO. 492-10-6607		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. L. L. Barnard, Lebanon, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension & Arteriosclerotic Heart Disease					INTERVAL BETWEEN ONSET AND DEATH 9 mo.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____					(9 mo. interval between onset and death)
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					4/200
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 4-21-1950 to 9-15-1950 , that I last saw the deceased alive on 9-15-1950 , and that death occurred at 12:35 pm from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) S. S. [Signature]				23b. ADDRESS Springfield Mo.		23c. DATE SIGNED 9-18-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/17/50	24c. NAME OF CEMETERY OR CREMATORY Panther Valley Cem.		24d. LOCATION (City, town, or county) (State) Rogersville, Missouri		
DATE REC'D BY LOCAL REG. 9-19-50		REGISTRAR'S SIGNATURE W. E. Handley		25. FUNERAL DIRECTOR'S SIGNATURE Palmer's		ADDRESS Lebanon, Mo.	

REC'D 1951

SEP 29 1951

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 Emmett E. Everett

Licensed Embalmer No. 4748

P. O. Address Lebanon, 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.