

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **A3687**

BIRTH NO. _____		REG. DIST. NO. 6		PRIMARY REG. DIST. NO. 6034		Registrar's No. 179	
1. PLACE OF DEATH a. COUNTY Ripley				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Ripley			
b. CITY (If outside corporate limits, write RURAL and give township) Rural - Harris		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Rural - Harris		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF THE not in hospital or institution, give street address or location Rt. 1 - Doniphan, Mo.							
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) L.		c. (Last) Barnhart		4. DATE OF DEATH (Month) (Day) (Year) 12 26 50	
5. SEX M		6. COLOR OF RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 4, 1872	
9. AGE (In years last birthday) 78		10. IF UNDER 1 YEAR Months 3 Days 22		11. BIRTHPLACE (State or foreign country) Penn.		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME William Barnhart		13b. MOTHER'S MAIDEN NAME Margie Ann Lecky		14. NAME OF HUSBAND OR WIFE Augusta B. Barnhart			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Augusta B. Barnhart			
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) Uremic coma ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic nephritis DUE TO (b) Chronic nephritis DUE TO (c) Myocardial changes				INTERVAL BETWEEN ONSET AND DEATH about 15 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES ☐ NO ☐	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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) none		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 1935 to Dec. 26, 1950 , that I last saw the deceased alive on Dec. 10, 1950 , and that death occurred at 11:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE W. E. White		(Degree or title)		23b. ADDRESS W. E. White, M.D., 1110 N. 1st St., St. Louis, Mo.		23c. DATE SIGNED 1/4/1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC 31/50		24c. NAME OF CEMETERY OR CREMATORY CYCLONE		24d. LOCATION (City, town, or county) (State) Ripley MO.	
DATE REC'D BY LOCAL REG. 1-9-51		REGISTRAR'S SIGNATURE E. L. Johnston		25. FUNERAL DIRECTOR'S SIGNATURE Richard P. Ernest			
				ADDRESS Corning, Ark.			

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED

FEB 8 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

Richard O. Emmer

Licensed Embalmer No. 782

P. O. Address CORNING, AR.

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.