

FILED MAY 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12385

BIRTH NO. _____		REG. DIST. NO. 382		PRIMARY REG. DIST. NO. 4230		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Armstrong				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Armstrong			
d. FULL NAME OF HOSPITAL OR INSTITUTION Armstrong				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First) Malcolm		b. (Middle) Everett		c. (Last) Barnhill	
4. DATE OF DEATH		Month April		Day 4		Year 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 21, 1890	
9. AGE (In years last birthday) 60		10. MONTHS 8		11. DAYS 13		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager				10b. KIND OF BUSINESS OR INDUSTRY Clothing Store			
11. BIRTHPLACE (State or foreign country) Marshall, Missouri				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Joseph William Barnhill				13b. MOTHER'S MAIDEN NAME Emma A. Scobee			
14. NAME OF HUSBAND OR WIFE Mary E. Walker				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give war or dates of service) res			
16. SOCIAL SECURITY 307-09-9041				17. INFORMANT'S SIGNATURE OR NAME C. F. Walker			
18. ADDRESS res				19. ADDRESS Armstrong, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound of chest 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.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				E976 X			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) Armstrong		(COUNTY) Howard	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 4 1951		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Suicide		21g. (STATE) MO	
22. I hereby certify that I attended the deceased from 4-11, 1951, to 4-11, 1951, that I last saw the deceased alive on 4-4, 1951, and that death occurred at m., from the causes and on the date stated above.							
23a. SIGNATURE Walter Bloom M.D.				23b. ADDRESS Fayette Mo			
23c. DATE SIGNED 4-5-51				24a. BURIAL, CREMATION, REMOVAL (Specify) Removal			
24b. DATE 4/5/51		24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery		24d. LOCATION (City, town, or county) Marshall,		(State) Missouri	
DATE REC'D BY LOCAL REG. Apr. 7, 1951				REGISTRAR'S SIGNATURE Walker Anderson			
5. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Case				ADDRESS Fayette, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4-30-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 4-30-51 _____

MAY 1 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 _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed _____

Student Embalmer No. _____

Licensed Embalmer No. 3340

P. O. Address Fayette 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.