

FILED SEP 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 31121

BIRTH NO. _____		REG. DIST. NO. 291		PRIMARY REG. DIST. NO. 5997		Registrar's No. 46	
1. PLACE OF DEATH a. COUNTY Putnam				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Putnam			
b. CITY (If outside corporate limits, write RURAL and give township) Rural 24th		c. LENGTH OF STAY (In this place) 36 years		c. CITY (If outside corporate limits, write RURAL and give township) Lemons, Mo. 0860			
d. FULL NAME OF HOSPITAL OR INSTITUTION County Home 36 years				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First) Andrew		b. (Middle) Morgan		c. (Last) Barnhouse	
4. DATE OF DEATH		9-5-1951		5. SEX M D		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH 1873-8-26		9. AGE (In years last birthday) 78		10. IF UNDER 1 YEAR Months 0 Days 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Charley Barnhouse		13b. MOTHER'S MAIDEN NAME Carline Coyl		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Lorence Barnhouse Unionville. R.F.			
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) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>Years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		331x		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) (Min.)		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 <u>July 2, 1951</u> , to <u>Sept 6, 1951</u> , that I last saw the deceased alive on <u>Sept 6, 1951</u> , and that death occurred at <u>3 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Thas L. Judd</u>		(Degree or title)		23b. ADDRESS <u>Unionville Mo</u>		23c. DATE SIGNED <u>9/6/51</u>	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 9-6-51		24c. NAME OF CEMETERY OR CREMATORY Shipley Cemetery		24d. LOCATION (City, town, or county) (State) Putnam Co. Mo.	
DATE REC'D BY LOCAL REG. 9-14-51		REGISTRAR'S SIGNATURE <u>Marvell D. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE F.O. Husted & Son Unionville. Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: SEP 18 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-51-16 70
Date Filed: SEP 18 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.

Student Embalmer No.

Signed _____

F. O. Hunt

Signed _____

Student Embalmer

Licensed Embalmer No. *2975*

P. O. Address *Memphis, Tenn.*

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.