

FILED FEB 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2124

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 533

1. PLACE OF DEATH a. COUNTY <u>Linn</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>		c. LENGTH OF STAY (In this place) <u>1 da</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>		0581
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>303 N. Mulberry</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Jane</u> c. (Last) <u>Barnhart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 7, 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 5, 1885</u>	9. AGE (In years last birthday) <u>67</u>	10. MONTHS <u>4</u>
				11. YEAR <u>2</u>	12. HOURS <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Meadville, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Allen McKane</u>		13b. MOTHER'S MAIDEN NAME <u>Louvesta Ann Davis</u>	
14. NAME OF HUSBAND OR WIFE <u>L.O. Barnhart</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Irene Lane Marceline, Mo</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severe BRONCHO PNEUMONIA</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS <u>PSYCHOSIS, SEVILE</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>491X</u>		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)	
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 <u>JAN 31, 1953</u> , to <u>FEB 7, 1953</u> , that I last saw the deceased alive on <u>FEB 7, 1953</u> , and that death occurred at <u>2:30A m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Paul T. Berry MD</u> (Degree or title)		23b. ADDRESS <u>Marceline, Mo</u>		23c. DATE SIGNED <u>2-8-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/9/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roselawn Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Marceline, Mo.</u>		DATE REC'D BY LOCAL REG. <u>2-9-1953</u>		REGISTRAR'S SIGNATURE <u>Mary Jane Doster</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>James McLaughlin</u>		ADDRESS <u>Marceline Mo</u>		(Licensed Embalmer's Statement on Reverse Side)	

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

581
U

JUL 25 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 _____ X

Student Embalmer No. _____ X

working under my personal supervision.

Student _____ X
Student Embalmer

Signed George W. Davall

Licensed Embalmer No. 4799

P. O. Address Marble, MD

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.