

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**4244**

State File No. ....

XC 1-205 001

R.# 108 103

**FILED FEB 10 1953**

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 372

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>ST. LOUIS</b>	b. STATE <b>MISSOURI</b>		c. COUNTY <b>PHELPS</b>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>	c. LENGTH OF STAY (In this place) <b>5 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. JAMES</b> <span style="float:right">0810</span>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>		d. STREET ADDRESS (If rural, give location) <b>SOLDIERS HOME</b> <span style="float:right">/</span>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>JESSE</b>	b. (Middle) <b>G.</b>	c. (Last) <b>BARNHART</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>1-30-53</b>
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<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <b>DIVORCED</b>	<b>8. DATE OF BIRTH</b> <b>12-16-90</b>	<b>9. AGE</b> (In years last birthday) <b>61</b>	<b>IF UNDER 1 YEAR</b> Months Days	<b>IF UNDER 4 HRS.</b> Hours Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>DRIVER</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>TAXI-CAB SERVICE</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>META, MISSOURI</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>MARK BARNHART</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>ELISA MONROE</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>NONE</b>
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<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES</b> <b>WWI</b>	<b>16. SOCIAL SECURITY NO.</b> <b>198 14 9166</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>VA HOSPITAL RECORDS, JEFF. BKS. MO.</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> <b>CARDIOVASCULAR DISEASE DUE TO HYPERTENSION OF LESSER CIRCULATION</b>	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>10 yrs</b>
	<b>ANTECEDENT CAUSES</b>  DUE TO (b) <b>PULMONARY FIBROSIS</b>	<b>15 yrs</b>
	DUE TO (c) <b>EMPHYSEMA</b>	<b>20 yrs</b>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>ASTHMA</b>		<b>30 yrs</b>

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>5271</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** 1-25-53 **19**, to 1-30-53 **19**, ~~XXXXXX~~ **and that death occurred at** 8:30A **m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>[Signature]</i>	(Degree or title) <b>M.D.</b>	<b>23b. ADDRESS</b> <b>VA HOSPITAL, JEFF. BRKS. MO.</b>	<b>23c. DATE SIGNED</b> <b>1-30-53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>1-31-53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>City</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Jefferson City, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>1-31-53</b>	<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Albert H. Hoppe</b>	<b>ADDRESS</b> <b>4700 Washington</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

1952 1 17 23

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.....

*Erud J. Tanner*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4788*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.