

STANDARD CERTIFICATE OF DEATH

18532

State File No.

FILED JUN 1- 1953

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

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4258</u>		Registrar's No. <u>45</u>			
1. PLACE OF DEATH a. COUNTY <u>Knox</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Edina, Mo.</u>		c. LENGTH OF STAY (In this place) <u>50 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Edina</u>		<u>0520</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gibson Hospital and Clinic</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Anna</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Barnthoise</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>May 27, 1953</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>Caucasian</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>			
8. DATE OF BIRTH <u>March 14, 1875</u>		9. AGE (In years, if last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Edina, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Philip Muller</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Elizabeth Cheryl</u>		14. NAME OF HUSBAND OR WIFE <u>C. Frank Barnthoise</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>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>A. L. Johnston</u>		ADDRESS <u>Edina, Mo.</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Exsanguination</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Spontaneous hemorrhage in 1st</u> <u>Elementary Tract</u> DUE TO (c) <u>Primary Carcinoma of gallbladder, metastasis to stomach liver</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>1-2 days</u> <u>1-2 days</u> <u>1 year</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>155X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
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 <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>May 23, 1953</u> , to <u>May 27, 1953</u> , that I last saw the deceased alive on <u>May 27, 1953</u> , and that death occurred at <u>12:02 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Edina, Mo.</u>		23c. DATE SIGNED <u>May 27, 1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 29, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marion Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marion Ohio</u>			
DATE REC'D BY LOCAL REG. <u>May 28-53</u>		REGISTRAR'S SIGNATURE <u>Helle S. Bunolt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Al Rimer</u>		ADDRESS <u>Edina, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

SEP 8 1953

JUN 23 1950

JUN 24 1953

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.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Mrs J. W. Hudson

Licensed Embalmer No. *2972*

P. O. Address *Edina 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.