

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8005

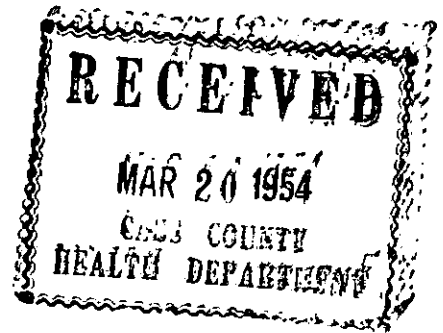
State File No.

 BIRTH NO. FILED MAR 22 1954 REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5227 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give town or Rural Peculiar Twp. township) <u>City Rural Peculiar Twp.</u>				c. LENGTH OF STAY (In this place) <u>58 yrs</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 1/2 Miles N.W. Of Harrisonville</u>				e. CITY (If outside corporate limits, write RURAL and give township) <u>City Rural Peculiar township</u>			
f. STREET ADDRESS <u>4 1/2 miles N.W. of Harrisonville</u>				g. (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clinton</u> b. (Middle) <u>Anderson</u> c. (Last) <u>Barnard</u>				4. DATE OF DEATH (Month) <u>March</u> (Day) <u>11</u> (Year) <u>1954</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 3, 1870</u>	
9. AGE (In years last birthday) <u>83</u>		10. IF UNDER 1 YEAR Months <u>11</u> Days <u>8</u>		11. IF UNDER 1000 Hrs. Hours <u></u> Mins. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Near Pleasant Hill, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John Barnard</u>				13b. MOTHER'S MAIDEN NAME <u>Hestella Arnold</u>			
14. NAME OF HUSBAND OR WIFE <u>Sara Ellen Barnard</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. Gladys Zumait, East Lynne, Missouri</u>				ADDRESS			
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>Mitral Insufficiency</u> ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Osteo Myelitis of Tibia</u> 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 <u>7301</u>			
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) m.		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>June 24, 1950</u> , to <u>March 11, 1954</u> , that I last saw the deceased alive on <u>March 8, 1954</u> , and that death occurred at <u>8: P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J.S. Triplett M.D.</u>				23b. ADDRESS <u>Harrisonville, Mo.</u>		23c. DATE SIGNED <u>3-13-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 14, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brown Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>NW of Harrisonville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-14-54</u>		REGISTRAR'S SIGNATURE <u>Dora Barnard</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Atkinson Bros. Harrisonville, Mo.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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



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 Robert W. Atkinson

Licensed Embalmer No. 4902

P. O. Address Harrisonville, 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.