

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 744

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| BIRTH NO. _____ | | REG. DIST. NO. <u>215</u> | | PRIMARY REG. DIST. NO. <u>4187</u> | | Registrar's No. _____ | | |
| 1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u> / | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>FRANKLIN</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNION</u> | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <u>UNION</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u> | | | | e. STREET ADDRESS (If rural, give location) <u>222 WASHINGTON AVE.</u> <u>03610</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> | | | b. (Middle) <u>GARFIELD</u> | | c. (Last) <u>BARNHART</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 2, 1955</u> | |
| 5. SEX <u>MALE</u> <u>0</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>APRIL 14, 1880</u> | | |
| 9. AGE (In years last birthday) <u>74</u> | | IF UNDER 1 YEAR Months <u>9</u> Days <u>18</u> | | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | | | | |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>FARMER</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>SHOE WORKER</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>VIENNA, MO.</u> <u>0</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>P. BARNHART</u> | | | 13b. MOTHER'S MAIDEN NAME <u>DON'T KNOW</u> | | 14. NAME OF HUSBAND OR WIFE <u>EFFIE A. BARNHART</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>WILBUR BARNHART</u> ADDRESS <u>UNION, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral artery thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, general</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Cancer of rectum</u> Conditions contributing to the death but not related to the disease or condition causing death <u>Abdominal prostatic</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> <u>diabetes</u> |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>rectum May 1951</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) <u>Union Franklin MO</u> | | | | |
| 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>April 14, 1951</u> , to <u>Feb 2, 1955</u> , that I last saw the deceased alive on <u>Feb 1, 1955</u> , and that death occurred at <u>2:10 p.m.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>J. M. Garfield, M.D.</u> | | | | 23b. ADDRESS <u>Washington, Mo</u> | | 23c. DATE SIGNED <u>Feb 3, 1955</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>Feb. 5, 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Lutheran</u> | | 24d. LOCATION (City, town, or county) (State) <u>Union, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>Feb 3</u> | | REGISTRAR'S SIGNATURE <u>J. T. Cooper 98-0</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>E. H. Coltrane</u> ADDRESS <u>Union, Mo.</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *E. A. Ottmann*.....

Licensed Embalmer No. *16*

P. O. Address *W. Va.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.