

FILED JUN 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17619

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>509L</u>		Registrar's No. <u>39</u>		
1. PLACE OF DEATH a. COUNTY <u>MICHIGAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>WATSON</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Watson</u>		e. 30 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED a. (First) <u>BIRDIE</u>			b. (Middle) <u>LEE</u>		c. (Last) <u>BAERNHART</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-14-1955</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>3-21-1878</u>		9. AGE (In years last birthday) <u>77</u> If UNDER 1 YEAR: Months <u>2</u> Days <u>23</u> If UNDER 24 HRS: Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>THAYER CO. NEBR</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		
13a. FATHER'S NAME <u>Wm. HOLMES</u>			13b. MOTHER'S MAIDEN NAME <u>KATE JAMES</u>		14. NAME OF HUSBAND OR WIFE <u>SAMUEL BARNHART (DEC)</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 ADDRESS <u>Mrs. Elin Schroeder, Watson, 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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>				DUE TO (b) <u>Coronary arteriosclerosis</u>				<u>15 minutes</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)				<u>20 years</u>
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>4201</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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>6-14</u> , 1955, to <u>6-14</u> , 1955, that I last saw the deceased alive on <u>6-14-55</u> , and that death occurred at <u>8:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Wallace Carpenter M.D.</u>				23b. ADDRESS <u>Rock Port Mo.</u>		23c. DATE SIGNED <u>6-16-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6-17-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>High Creek Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Watson, Mo</u>		
DATE REC'D BY LOCAL REG. <u>June 17, 1955</u>		REGISTRAR'S SIGNATURE <u>Narvon N. Schooler</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bartholomew Mortuary, Rock Port, 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
Student Embalmer

Signed Gratz Buchholz

Licensed Embalmer No. 3173

P. O. Address Rock Pt.

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.