

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21652**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **98** PRIMARY REG. DIST. NO. **5364** Registrar's No. **83**

1. PLACE OF DEATH a. COUNTY <b>Daviess</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Daviess</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Rural Liberty Twp.</b>		c. CITY OR TOWN <b>Rural</b> <del>Liberty Twp.</del>	
c. LENGTH OF STAY (in this place) <b>Yrs.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>10 Miles N.W. Gallatin, Mo</b>		STREET ADDRESS (If rural, give location) <b>10 Miles N.W. Gallatin, Mo.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Cleo</b> b. (Middle) <b>Dorothy</b> c. (Last) <b>Barnhill</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 10 1955</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Sept. 17 1890</b>		9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (City and State or Foreign Country) / <b>Kirklin, Indiana</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Jefferson Parker</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Brunton</b>		14. NAME OF HUSBAND OR WIFE <b>John Barnhill (Dec'd)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Herbert Parker, Gallatin, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b> ANTECEDENT CAUSES DUE TO (b) <b>Cardio-Vascular renal disease</b> DUE TO (c) <b>Enlargement of heart; mitral lesion</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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	

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) <b>4201</b>	
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 **Oct 1, 1954** to **Aug 10, 1955** that I last saw the deceased alive on **Aug 9, 1955**, and that death occurred **About at 6: P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. W. Bailey M.D.</b>		23b. ADDRESS <b>Gallatin, Mo.</b>		23c. DATE SIGNED <b>Aug 12 1955</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-13-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Civil Bond Methodist Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Daviess Co. Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>13th Aug 1955</b>		REGISTRAR'S SIGNATURE <b>Jugenia M Engelbert</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hope Funeral Home, Gallatin, Mo.</b>	
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WRITE PLAINLY—USING UNFADING 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.....  
Signature of Student Embalmer

Signed

*L. O. Richardson*

Licensed Embalmer No. 330

P. O. Address Ballston

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.