

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23297**

FILED JUL 18 1955

BIRTH NO. _____ REG. DIST. NO. **995** PRIMARY REG. DIST. NO. **4443** Registrar's No. **134**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE California b. COUNTY Los Angeles	
b. CITY OR TOWN Huntsville	c. LENGTH OF STAY (in this place) 1 1/2	c. CITY OR TOWN Los Angeles	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 office of Dr. P. V. Dreyer MD.		STREET ADDRESS (If rural, give location) 512 Amelia. 8048	

3. NAME OF DECEASED (Type or Print) Harlan	a. (First) Harlan	b. (Middle) B	c. (Last) Barnthouse	4. DATE OF DEATH (Month) (Day) (Year) July 7th 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 25th 1904	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months 11 Days 12	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Iowa		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Thomas F. Barnthouse	13b. MOTHER'S MAIDEN NAME Nora E Dale	14. NAME OF HUSBAND OR WIFE Thelma
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 491-07-0876	17. INFORMANT'S SIGNATURE OR NAME Mrs. H.B. Barnthouse ADDRESS 512 Amelia Los Angeles, Ca
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		3 1/2 hr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis DUE TO (c) 4201		7 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **July 7, 1955**, to **July 7, 1955**, that I last saw the deceased alive on **July 7, 1955**, and that death occurred at **3:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) P. V. Dreyer MD	23b. ADDRESS Huntsville, Mo.	23c. DATE SIGNED 7/8/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-10-55	24c. NAME OF CEMETERY OR CREMATORY Oakland	24d. LOCATION (City, town, or county) (State) Moberly, Mo
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DATE REC'D BY LOCAL REG. 7-10-1955	REGISTRAR'S SIGNATURE Mary H. Bentley	FUNERAL DIRECTOR'S SIGNATURE 482 Mahan and Son ADDRESS Moberly, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 30 1958

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 *Frank D. DeWitt*

Licensed Embalmer No. *30*

P. O. Address *Mobil*

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.