

FILED SEP 10 1956

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **26472**

BIRTH NO.		REG. DIST. NO. <b>116</b>	PRIMARY REG. DIST. NO. <b>3020</b>	Registrar's No. <b>189</b>
1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>		
b. CITY (If outside corporate limits, write RURAL and give town) <b>Washington</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Union</b>	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 <b>St. Francis Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>R R 1</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Gus</b>		b. (Middle) <b>Hirman</b>	c. (Last) <b>Barnhart</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 6 1956</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 31 1891</b>	9. AGE (In years last birthday) <b>65</b> if UNDER 1 YEAR Months <b>1</b> Days <b>5</b> if UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe factory</b>	11. BIRTHPLACE (City and State or Foreign; Country) <b>Van Cleve, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
13a. FATHER'S NAME <b>Cornel Barnhart</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Orr</b>	14. NAME OF HUSBAND OR WIFE <b>Josie Barnhart</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>492-09-9435</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Josie Barnhart, Union, Mo.</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>331x</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 <b>9-6</b> , 19 <b>56</b> , to <b>9-6</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>9-6</b> , 19 <b>56</b> , and that death occurred at <b>1 P.M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Dr. Lenny</b>		(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Union Mo</b>	23c. DATE SIGNED <b>9-7-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/9/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Union Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Union, Franklin, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>9/8/56</b>		REGISTRAR'S SIGNATURE <b>J.P. Heidmann</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E. F. Altman Union Mo.</b>	

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

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(Licensed Embalmer's Statement on Reverse Side)

18 SEP 20 1954

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. H. Altman

Licensed Embalmer No. 1686

P. O. Address Union, N.J.

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.

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