

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26517

FILED SEP 17 1956

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 836

1. PLACE OF DEATH  
a. COUNTY GREENE  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Inside Limits Yes  No   
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGE Hosp. 10min. Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI b. COUNTY DALLAS  
c. CITY OR TOWN TUNAS Inside Limits Yes  No   
d. STREET ADDRESS RFD (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) MARY BARNHART  
First Middle Last  
4. DATE OF DEATH SEPT. 11<sup>th</sup> 1956 Month Day Year  
5. SEX FEMALE 6. COLOR OR RACE white 7. MARRIED  NEVER MARRIED  8. DATE OF BIRTH Nov. 12, 1899  
WIDOWED  DIVORCED  9. AGE (In years last birthday) 56 10. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE  
11. BIRTHPLACE (City and state or country) Dallas County, MO. 12. CITIZEN OF WHAT COUNTRY? U. S. A.  
13. FATHER'S NAME Tom Ferrell 14. MOTHER'S MAIDEN NAME MARtha Mustain  
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN 16. SOCIAL SECURITY NO. ? 17. INFORMANT FRANK BARNHART Address TUNAS, MO.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Coronary thrombosis  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertension  
DUE TO (c) Arteriosclerosis  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Diabetes Mellitus 4201  
INTERVAL BETWEEN ONSET AND DEATH 2 days

20a. ACCIDENT  SUICIDE  HOMICIDE   
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1950 to 9-11-56 and last saw her alive on 9-11-56  
Death occurred at 9-11-56 3:15 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) C. O. Hamman M.D. 22b. ADDRESS Buffalo, Mo. 22c. DATE SIGNED 9/12/56

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE 9/11/56 23c. NAME OF CEMETERY OR CREMATORY Hopewell Cem. 23d. LOCATION (City, town, or county) (State) Buffalo, Mo.  
24. FUNERAL DIRECTOR ADDRESS JONES Funil Home Buffalo, MO. 25. DATE RECD. BY LOCAL REG. 9-14-56 26. REGISTRAR'S SIGNATURE Edith Williamson

300  
1-56

All symptoms will be listed. All causes of death due to natural causes. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

MEDICAL CERTIFICATION

**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 *Leonal B Jones*.....

Licensed Embalmer No. *250*

P. O. Address *Buffalo*

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.