

Health, & Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 17 1956

STANDARD CERTIFICATE OF DEATH

26518

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 825

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Springfield <u>2396</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2112 W. Calhoun			Length of stay in lb 35 years	d. STREET (If outside, give location) ADDRESS 2112 W. Calhoun			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Ed R. Barnhouse				4. DATE OF DEATH Sept. 10-1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 16-'92		9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Wright County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Clark Barnhouse				14. MOTHER'S MAIDEN NAME Sarah Sanders			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 702-07-5061		17. INFORMANT Address Mrs. Clara Barnhouse-Springfield, 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) Congestive heart failure							INTERVAL BETWEEN ONSET AND DEATH Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio sclerotic Heart Dis							years
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arterial Hypertension 4200							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 1954 to Sept. 8, 1956 and last saw her ^{him} alive on Sept. 8, 1956 Death occurred at 6:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Edith Williamson</i> (Degree or title) M.D.				22b. ADDRESS Springfield, Mo.		22c. DATE SIGNED 9-12-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-13-1956	23c. NAME OF CEMETERY OR CREMATORY Seymour Cemetery		23d. LOCATION (City, town, or county) (State) Seymour, Missouri.		
24. FUNERAL DIRECTOR <i>Edith Williamson</i> ADDRESS Springfield, Mo.			25. DATE RECD. BY LOCAL REG. 9-12-56		26. REGISTRAR'S SIGNATURE <i>Edith Williamson</i>		

(Licensed Embalmer's Statement on Reverse Side)

JCT 2
1958
SEP 21 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.....
Licensed Embalmer No. 3312

P. O. Address Springfield

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.