

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31097**

FILED OCT 15 1956

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 431

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	c. LENGTH OF STAY (In this place) 12-yrs.	c. CITY OR TOWN Joplin	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 Freeman Hospital		STREET ADDRESS (If rural, give location) 47th & Wall Sts.	

3. NAME OF DECEASED (Type or Print) a. (First) LONNIE b. (Middle) WAYNE c. (Last) BARNARD			4. DATE OF DEATH (Month) (Day) (Year) September 27, '56		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Nov. 10, 1943	9. AGE (In years last birthday) 12 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Joplin, Missouri	
13a. FATHER'S NAME George L. Barnard			13b. MOTHER'S MAIDEN NAME Martha Snow		14. NAME OF HUSBAND OR WIFE None

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. none	17. INFORMANT'S SIGNATURE OR NAME Martha Barnard		ADDRESS Joplin, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 11 hours	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left cerebral laceration and edema			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple fractures of extremities			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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) Joplin COUNTY (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 9-26, 1956, to 9-27, 1956, that I last saw the deceased alive on 9-27, 1956, and that death occurred at 3:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE B. E. DeTar, Jr., M.D.	23b. ADDRESS 410 Jackson, Joplin, Missouri	23c. DATE SIGNED 9-27-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE SEPT. 29, 1956	24c. NAME OF CEMETERY OR CREMATORY OSBORNE MEM PARK	24d. LOCATION (City, town, or county) (State) JOPLIN MO
DATE REC'D BY LOCAL REG. 10-6-56	REGISTRAR'S SIGNATURE Dove Merriam	25. FUNERAL DIRECTOR'S SIGNATURE Herbert Glau ADDRESS Joplin	

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

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County File No. 56-16-788
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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 *Dale Gerver*

Licensed Embalmer No. 459

P. O. Address *Joplin*

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.