Health, & Welfare Public Service

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1-57

FILED SEP 24 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31691
STATE FILE NUMBER 4110

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Trinity Lutheran Hospital — Length of stay in 1b 31 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 2821 Wabash — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First John Middle Garfield Last Barnhart

4. DATE OF DEATH Month Aug. Day 30 Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Nov-29-1880
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millwright
10b. KIND OF BUSINESS OR INDUSTRY Mo. Mates Co.
11. BIRTHPLACE (City and state or country) Decatur, Ind.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joshia Barnhart
13b. MOTHER'S MAIDEN NAME Jane Barnett
14. NAME OF HUSBAND OR WIFE Garnett E. Barnhart

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 486-09-6818
17. INFORMANT Mrs. Garnett Barnhart Address K.C., Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral vascular accident - Rt. Sided paralysis — INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis — —
DUE TO (c) — 331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchopneumonia + Cardiac fracture

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 a.m. p.m. Month, Day, Year
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 Aug 23, 1957, to Aug 30, 1957 and last saw her/him alive on Aug 30, 1957
Death occurred at ~~Aug 30, 1957 at~~ 4:20 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] MD
22b. ADDRESS 329 Armour No K.C. Mo
22c. DATE SIGNED 8-31-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Sept. 3-1957
23c. NAME OF CEMETERY OR CREMATORY Brookings Cemetery
23d. LOCATION (City, town, or county) (State) Raytown, Mo.

24. FUNERAL DIRECTOR ADDRESS C. H. Blackman & Son Inc. K.C. Mo.
25. DATE RECD. BY LOCAL REG. 9-3-57
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Robert H. Hodge

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 W. C. Rinne

Licensed Embalmer No. 4879

P. O. Address K. C. Mo.

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.