

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008545

STATE FILE NUMBER

FILED MAR 11 1958

Registration District No. 353 Primary Registration District No. 6196 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Texas				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. Missouri Texas COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Licking		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Licking		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b		d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Rosie Middle Mae Last Barnhart				4. DATE OF DEATH Month Feb Day 26 Year 1958					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 4, 1882		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Miller Co. Mo		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Benjamin Johnson				14. MOTHER'S MAIDEN NAME Mariah -----					
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 Address Sadie Hildebrand Licking, 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) Cardiac + pulmonary arrest								INTERVAL BETWEEN ONSET AND DEATH 3 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) cachexia + debilitation							
		DUE TO (c) Cerebrovascular accident							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331K								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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 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 June 1954 to Feb 26, 1958 and last saw her alive on Feb 26, 1958 Death occurred at 11 AM m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE B. J. Myers D.O. (Degree or title)				22b. ADDRESS Licking, Mo				22c. DATE SIGNED 3-1-58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county)			(State)
Burial		3/1/58	Hickory Point			Iberia, Mo			
24. LOCAL HEALTH OFFICER'S SIGNATURE Walter P. Hedges Iberia, Mo				25. DATE RECD. BY LOCAL REG. Mar. 3, 1958		26. REGISTRAR'S SIGNATURE Mrs. Elmore Hesse			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Director, coroner, etc. must use only standard form. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

