Health, Welfare & Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043595
STATE FILE NUMBER

FILED JAN 5 1959 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 368

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Jefferson City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Mary's Hosp — Length of stay in 1b: 12 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Maries
c. CITY OR TOWN: Dixon — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): Rt. 3 — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Virgil Middle: — Last: Barnhart

4. DATE OF DEATH: Month: Dec. Day: 27 Year: 1958

5. SEX: Male **6. COLOR OR RACE**: White **7.** MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Feb. 3, 1904 **9. AGE** (In years last birthday): 54 — 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): Warehouse Worker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Maries Co., Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: William Barnhart
13b. MOTHER'S MAIDEN NAME: Callie Robertson
14. NAME OF HUSBAND OR WIFE: Florence 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.: 498-14-1935
17. INFORMANT Address: Florence Barnhart, Dixon, Rt. 3, Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Pulmonary emboli, Bilateral, with infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Pulmonary artery emboli, due to acute thrombophlebitis, Left Leg. — 3 wks
DUE TO (c) 463xH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Renal carcinoma, Left, with metastasis Gen.

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

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 12-12-58, to 12-27-58 and last saw ~~her~~ him alive on 12-27-58
Death occurred at 2:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Randall A. Clark, MD **22b. ADDRESS**: Jefferson City, Mo **22c. DATE SIGNED**: 12-29-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: Dec. 30, 1958 **23c. NAME OF CEMETERY OR CREMATORY**: Lawson Cemetery **23d. LOCATION** (City, town, or county) (State): Miller Co., Missouri

24. FUNERAL DIRECTOR Walter P. Hedges **ADDRESS**: Hedges Funeral Homes, Iberia, Mo.
25. DATE RECD. BY LOCAL REG.: 29 Dec. 1958
26. REGISTRAR'S SIGNATURE: R. C. Harris, MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be used. All diseases in Part I must be causally related.

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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 Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Neva, 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.