

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002550

STATE FILE NUMBER

FILED FEB 4 1959 Registration District No. 301 Primary Registration District No. 6035 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>JORDAN TWP.</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>JORDAN TWP.</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>14 Mi. N. of DONIPHAN</u>			Length of stay in lb <u>3 months</u>	d. STREET ADDRESS (If outside, give location) <u>14 Mi. N. of DONIPHAN</u>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Clifford Edward Barnhill</u>				4. DATE OF DEATH Month Day Year <u>Jan. 23, 1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>July 2, 1896</u>		9. AGE (In years last birthday) <u>62</u> IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Timber Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Forestry</u>		11. BIRTHPLACE (City and state or country) <u>Lyle, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John A. Barnhill</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Sullivan</u>		14. NAME OF HUSBAND OR WIFE <u>Lorene Barnhill, (divorced)</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>W.W.I.</u>		16. SOCIAL SECURITY NO. <u>410-07-8931</u>		17. INFORMANT Address <u>Albert Barnhill, East Prairie, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Compound Fracture of the Skull.</u> MULTIPLE LACERATIONS OF THE HEAD AND NECK. DUE TO (b) <u>Struck by Butt of Falling Pine Tree,</u> WHILE CUTTING TIMBER TO BUILD A LOG DUE TO (c) <u>HOUSE.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>FORESTRY</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
20a. ACCIDENT, SUICIDE, HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>FELL TO GROUND ON WET SNOW IN TRYING TO GET CLEAR OF 12" DIAMETER PINE TREE; WHICH HE HAD CUT WITH CHAIN SAW. TOP OF FALLING TREE CAUGHT ON ANOTHER TREE; CAUSING BUTT OF TREE TO BOUNCE-UP, STRIKING VICTIM'S HEAD.</u>					
20c. TIME OF INJURY Hour Month, Day, Year <u>1:30 p.m. JAN. 23, 1959</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NEAR HIS TRAILER HOUSE HOME. STORE OFF HWY 9</u>		20e. CITY, TOWN, OR LOCATION <u>1/2 Mi. E. of SKAGGS</u>		COUNTY <u>9</u> STATE	
20d. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <u>1:30 P.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Ray Messner; Coroner</u>				22b. ADDRESS <u>Doniphan, Missouri</u>		22c. DATE SIGNED <u>1/24/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>1/24/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>HILL TOP CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>NASHVILLE, TENNESSEE</u>	
24. FUNERAL DIRECTOR <u>JARRELL'S MEMORIAL CHAPEL</u>		ADDRESS <u>NASHVILLE, TENN.</u>		25. DATE RECD. BY LOCAL REG. <u>1-31-59</u>		26. REGISTRAR'S SIGNATURE <u>Flava Broz</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

6964-7-107

### 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 Ray Means .....

Licensed Embalmer No. 3743 .....

P. O. Address Donipham, .....

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.