RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-029754
STATE FILE NUMBER

LED VS SEP 15 1959 200
Registration District No. _____ Primary Registration District No. _____ Registrar's No. 148

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bevier
Length of stay in 1b: —
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: —
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Macon
c. CITY OR TOWN: Bevier
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): —
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: IRVIN Middle: Junior Last: BARKHARDT
4. DATE OF DEATH: Month 8 Day 21 Year 59
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-5-43
9. AGE (last birthday): 15
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School child
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Pollo Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Bill Barkhardt
13b. MOTHER'S MAIDEN NAME: Cordie Riley
14. NAME OF HUSBAND OR WIFE: —
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.: —
17. INFORMANT: Bill Barkhardt Address: Bevier 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): Drowning
INTERVAL BETWEEN ONSET AND DEATH: Seconds
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Accident
DUE TO (c): —
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.) Drowned in Pond
20c. TIME OF INJURY: Hour 3:30 ~~a.m.~~ p.m. Month, Day, Year 8/21/59
Could Not Swim
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.): Slack Washer Pond.
20f. CITY, TOWN, OR LOCATION: Bevier COUNTY: Macon STATE: Mo.

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at App. 3:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Lester Hutton (Degree or title) Coroner
22b. ADDRESS: Macon Mo
22c. DATE SIGNED: 9/6/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/24/59
23c. NAME OF CEMETERY OR CREMATORY: Richardsdale Pen
23d. LOCATION (City, town, or county) (State): Bevier Mo

24. FUNERAL DIRECTOR: D.G. Edwards ADDRESS: Bevier
25. DATE RECD. BY LOCAL REG.: 9/6/59
26. REGISTRAR'S SIGNATURE: Earl McNeely

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 1961

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.