

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036872

FILED VS. OCT 16 1959

Registration District No. 207 Primary Registration District No. _____ Registrar's No. 26

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Maries				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Maries			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boone Township		Length of stay in 1b Life		c. CITY OR TOWN Meta (rural),		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Hestella Middle Barnhart Last Barnhart				4. DATE OF DEATH Month September Day 25, Year 1959			
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 2-20-1881	9. AGE (last birthday) 78	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Van Cleve (Maries Co. Mo) U. S. A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Zac Pendleton		13b. MOTHER'S MAIDEN NAME Catherine Burd		14. NAME OF HUSBAND OR WIFE Adam Harmon Barnhart			
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 Lawrence Barnhart Meta, 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) Acute Pulmonary Edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Myocardial Sclerosis DUE TO (c) Chronic Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 1 wk ? ?	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 1948 to present and last saw her alive on 7/20/59 . Death occurred at Meta, Mo. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE H. D. Hedges (Degree or title)				22b. ADDRESS Jefferson City, Mo.		22c. DATE SIGNED 9/27/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-27-1959		23c. NAME OF CEMETERY OR CREMATORY Pendleton Cemetery		23d. LOCATION (City, town, or county) (State) Meta (rural) Maries, Mo.	
24. FUNERAL DIRECTOR Hedges Funeral Homes Meta, Mo. ADDRESS				25. DATE REC'D BY LOCAL REG. 10-5-59		26. REGISTRAR'S SIGNATURE Thoylla Dutcher	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

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 me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Walter P. Hager

Licensed Embalmer No.

4265

P. O. Address

Therion, 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.