

FEDERAL BUREAU OF INVESTIGATION
FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027902

FILED VS

JUL 28 1960

291

Primary Registration District No.

Registrar's No.

108

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville,		c. CITY OR TOWN Waynesville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pulaski General Hospital		d. STREET ADDRESS (If outside, give location) General Delivery	
3. NAME OF DECEASED (Type or print) First James Middle Elbert Last Barnhart		4. DATE OF DEATH Month July Day 21, Year 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 2-14-1940
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY Theatre	
11. BIRTHPLACE (City and state or country) Greene Cty., Mo.		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Leon Barnhart		13b. MOTHER'S MAIDEN NAME Geneva Davis	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. 500-40-8229		17. INFORMANT Leon Barnhart, Buffalo, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronal Artery DUE TO (b) Cerebral hemorrhage DUE TO (c) Gun shot wound Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 8 hrs	
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.) Living bullet	
20c. TIME OF INJURY Hour 9:00 a.m. Month, Day, Year 7-21-60	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.) Waynesville, Mo. Pulaski, Mo.	
21. I attended the deceased from 9:20 A. to July 21, 1960 and last saw him alive on 7-21-60 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) John N. Niles	
22b. ADDRESS Waynesville, Mo.		22c. DATE SIGNED 7-21-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-23-1960	23c. NAME OF CEMETERY OR CREMATORY Mt. Comfort Cemetery	23d. LOCATION (City, town, or county) (State) Greene Cty., Mo.
24. FUNERAL DIRECTOR Rex Rainey, Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 7-23-60	
26. REGISTRAR'S SIGNATURE Paula Grace Anderson			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0481 82 700 SA

AUG 4 1960

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 _____
Signature of Student Embalmer

Signed Lee Mason

Licensed Embalmer No. 456

P. O. Address Springfield

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.