SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-008504
STATE FILE NUMBER

AMENDED

Registration District No. 127 Primary Registration District No. 3023 Registrar's No. 54

FILED MAR 20 1961

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clinton
Length of stay in 1b: 25 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 511 Flora St
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Henry
c. CITY OR TOWN: Clinton
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 511 Flora
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Edna Middle: Lee Last: Barnhart
4. DATE OF DEATH: Month: Mar Day: 11 Year: 1961
5. SEX: female
6. COLOR OR RACE: white
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 1-14-1893
9. AGE (last birthday): 68
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): Miller Co Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Daniel M.Blanton
13b. MOTHER'S MAIDEN NAME: Charlsie Messersmith
14. NAME OF HUSBAND OR WIFE: Grover C.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.: 500-28-5053
17. INFORMANT: Grover C.Barnhart Address: Clinton,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): Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic Auricullar Fibrillation — 2 yrs
DUE TO (c): Chronic Rheumatic Heart Disease — Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic Myocardial Insufficiency, Senility
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 6-1-57 to 3-11-61 and last saw her/him alive on 3-10-61
Death occurred at 3:40 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Clinton L. Glasgow D.O.
22b. ADDRESS: Clinton Mo
22c. DATE SIGNED: 3/20/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-14-1961
23c. NAME OF CEMETERY OR CREMATORY: Shiloh cemetery
23d. LOCATION (City, town, or county) (State): near Chilhowee Missouri

24. FUNERAL DIRECTOR ADDRESS: Sickman-Dunning F H Clinton,Mo
25. DATE RECD. BY LOCAL REG.: Mar 14,1961
26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. SHOULD READ INSTEAD OF DOCUMENT BY AFFIDAVIT OF DATE AMENDED

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 Robert L Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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.