MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-028397

STATE FILE NUMBER

ARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 04 2 Primary Registration District No. 1000 Registrar's No. 820

AMENDED

FILED AUG 21 1961

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b 12hrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hosp. — Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Buchanan
c. CITY OR TOWN Easton — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) Gen. Delivery — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Richard Middle Francis Last Barnard
4. DATE OF DEATH Month Day Year Aug. 10, 1961
5. SEX Male
6. COLOR OR RACE White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH April 2, 1894
9. AGE (last birthday) 67 — 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) Re. Painter
10b. KIND OF BUSINESS OR INDUSTRY St. Joseph School Dist.
11. BIRTHPLACE (City and state or country) Cameron Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Ira I. Barnard
13b. MOTHER'S MAIDEN NAME Lucretia Truex
14. NAME OF HUSBAND OR WIFE Opal Barnard
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 Opal Barnard Address Easton 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) Fractured Liver — INTERVAL BETWEEN ONSET AND DEATH 6 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Epilepsy
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [X]
20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) auto accident
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year PM 8-9-61
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.) Highway
20f. CITY, TOWN, OR LOCATION St Joseph COUNTY Buchanan STATE MO

21. I attended the deceased from 8-9-61, to 8/10/61 and last saw him alive on 8-9-61
Death occurred at 1:20 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Clement C. Dumont M.D.
22b. ADDRESS St Joseph Mo
22c. DATE SIGNED 8-12-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8/12/61
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State) St. Joseph, Mo

24. FUNERAL DIRECTOR [signature] ADDRESS St. Joseph, Mo
25. DATE RECD. BY LOCAL REG. Aug 16, 1961
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

VS FEB 15 1962

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 _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 3986

P. O. Address St. Joseph, M

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.