

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014618

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 74 Primary Registration District No. 4136 Registrar's No. 16

FILED MAY 3 1962

VS 300 Rev. 4/59

02 50
20 50

3
4 0
5 1
6
7 0
8 2
9 200
10
11
12 90-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Plattsburg Length of stay in 1b 15 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 215 N 3rd St. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Clinton
c. CITY OR TOWN Plattsburg Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 215 N 3rd St. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
William Chester Barnhill April 26 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH May 4 1915 9. AGE (last birth day) 46 IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver 10b. KIND OF BUSINESS OR INDUSTRY Petroleum Trans. 11. BIRTHPLACE (City and state or country) Paradise Mo 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William O. Barnhill 13b. MOTHER'S MAIDEN NAME Maudie M. Maddox 14. NAME OF HUSBAND OR WIFE Mildred L. Barnhill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII 16. SOCIAL SECURITY NO. 5 17. INFORMANT Mildred L. Maddox Address

18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerotic heart disease 1 yr.
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.)

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 1960 to death and last saw her alive on 4-21-62
Death occurred at 4 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W Luckenbill MD (Degree or title) 22b. ADDRESS Plattsburg, Mo. 22c. DATE SIGNED 4/29/62 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE April 28, 1962 23c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery 23d. LOCATION (City, town, or county) Clinton Co. Mo. (State)

24. FUNERAL DIRECTOR Clarence E. Hixson - Gower, Mo ADDRESS 4-28-1962 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Mary W. Seearce

USE BLACK INK OR TYPEWRITER RIBBON

MAY 4 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 _____
Signature of Student Embalmer

Signed Clarence E. Hipson

Licensed Embalmer No. 5122

P. O. Address Lower, 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.