

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019884

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 290 Primary Registration District No. \_\_\_\_\_ Registrar's No. 61

DO NOT WRITE ON THIS STUB

AMENDED

**FILED MAY 16 1962**

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pulaski</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> COUNTY <u>Pulaski</u>                       |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Waynesville</u> Length of stay in 1b <u>14</u> days  |   | c. CITY OR TOWN <u>Rural Cullen</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pulaski Co. General Hosp.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   | d. STREET ADDRESS (If outside, give location) <u>Waynesville, Missouri</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Bruce</u> Last <u>Barnhill</u>  |   |   | 4. DATE OF DEATH Month <u>5</u> Day <u>1</u> Year <u>1962</u>  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>      | 8. DATE OF BIRTH <u>4/2/1882</u>   |
| 9. AGE (last birthday) <u>80</u>  |   | 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) <u>Road Maintainer Retired</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Highway Department</u>   | 11. BIRTHPLACE (City and state or country) <u>Pulaski County, Mo.</u>  |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>   |   | 13a. FATHER'S NAME <u>Unknown</u>   |  |
| 13b. MOTHER'S MAIDEN NAME <u>Rebecca Thompson</u>   |   | 14. NAME OF HUSBAND OR WIFE <u>Harriet Barnhill</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>  |   | 16. SOCIAL SECURITY NO. <u>Unknown</u>  | 17. INFORMANT Address <u>Mrs. Myron Rench, Devils Elbow, Mo.</u>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u><br>DUE TO (c) <u>Arterio Sclerosis</u> |   |   | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u><br><u>14 "</u><br><u>unknown</u>  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 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 <u>4.19.62</u> to <u>5.1.62</u> and last saw her/him alive on <u>5.1.62</u><br>Death occurred at <u>3:00 P.</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |
| 22a. SIGNATURE (Degree or title) <u>R D Stewart DO</u>  |   | 22b. ADDRESS <u>Waynesville Mo</u>  | 22c. DATE SIGNED <u>5-2-62</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 23b. DATE <u>5/3/1962</u>   | 23c. NAME OF CEMETERY OR CREMATORY <u>Gospel Ridge Cemetery</u>   | 23d. LOCATION (City, town, or county) (State) <u>St. Roberts, Missouri</u>   |
| 24. FUNERAL DIRECTOR ADDRESS <u>Gilbert Funeral Home, Inc., Dixon, Mo.</u>  |   | 25. DATE RECD. BY LOCAL REG. <u>5-7-62</u>  | 26. REGISTRAR'S SIGNATURE <u>Clara Grace Anderson</u>  |

MAY 17 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 Maurice E. Schierbaum

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.