

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042080

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 135

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 19 1962							
1. PLACE OF DEATH a. COUNTY <u>Cooper</u> b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Boonville</u> Length of stay in 1b <u>All of life</u> c. FULL NAME OF (If NOT in hospital, give location) <u>At home, 111 Elm St.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u> c. CITY OR TOWN <u>Boonville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>111 Elm St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED First <u>John</u> Middle <u>Clifford</u> Last <u>Barnhart</u>							
4. DATE OF DEATH Month <u>November</u> Day <u>10</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>Dec. 19, 1888</u>						
9. AGE (last birthday) <u>73</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>Auto Dealer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Dealer</u>						
11. BIRTHPLACE (City and state or country) <u>Cooper County, Mo.</u>							
12. CITIZEN OF WHAT COUNTRY <u>USA</u>							
13a. FATHER'S NAME <u>Joseph Barnhart</u>							
13b. MOTHER'S MAIDEN NAME <u>Mary Frances Jeffress</u>							
14. NAME OF HUSBAND OR WIFE <u>Mabel Marshall Barnhart</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>							
17. INFORMANT Address <u>Mrs. Leona Brownfield, Boonville, Mo.</u>							
18. CAUSE OF DEATH (Enter only one cause per line) <table style="width: 100%; border: none;"> <tr> <td style="width: 80%; border: none;"> PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>cerebral thrombosis</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. </td> <td style="width: 20%; border: none; vertical-align: top;"> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> </td> </tr> <tr> <td colspan="2" style="border: none;"> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>myocarditis</u> </td> </tr> <tr> <td colspan="2" style="border: none;"> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown </td> </tr> </table>		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>cerebral thrombosis</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>myocarditis</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>cerebral thrombosis</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>myocarditis</u>							
PART III. If deceased was female was there a pregnancy in last 90 days. <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 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>Dec 1-1961</u> to <u>Nov 10-62</u> and last saw ^{her} him alive on <u>Nov 10-1962</u> Death occurred at <u>Boonville</u> <u>11:45</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>[Signature]</u>	22b. ADDRESS <u>Boonville Mo</u>						
22c. DATE SIGNED <u>11-11-62</u>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 13, 1962</u>						
23c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove Cemetery</u>							
23d. LOCATION (City, town, or county) (State) <u>Boonville, Missouri.</u>							
24. FUNERAL DIRECTOR <u>Goodman & Boller, Boonville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11/11/62</u>						
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>							

VS 300 Rev. 4/59

1 0275

2 0275

3

4 0

5 2

6

7 0

8 2

9 332X

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

USE BLACK INK OR TYPEWRITER RIBBON

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 William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, 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.