

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0047946

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

3823

Registrar's No.

312-A

FILED DEC 26 1967

## 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 Yr, s

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

WETZEL HOSP

Inside Limits

Yes ☒ No ☐

d. STREET  
ADDRESS

R R 5

(If outside, give location)

Inside Limits

Yes ☐ No ☒

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

GROVER

Middle

CLEVELAND

Last

BARNHART

## 4. DATE OF DEATH

Month

Day

Year

Dec.

12

1967

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11-19-1892

## 9. AGE (last birthday)

75

## 10. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired)

Merchant

## 10b. KIND OF BUSINESS OR INDUSTRY

Oil Industry

## 11. BIRTHPLACE (City and state or country)

META Missouri

## 12. CITIZEN OF WHAT COUNTRY

U S A

## 13a. FATHER'S NAME

MATTHEW BARNHART

## 13b. MOTHER'S MAIDEN NAME

RHODA WOODY

## 14. NAME OF HUSBAND OR WIFE

Mr, s EDNA BARNHART

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

500-10-5813

## 17. INFORMANT

Mr, s EDNA BARNHART RR#5 CLINTON.

## 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 Edema

### INTERVAL BETWEEN ONSET AND DEATH

Minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

Myocardial Insufficiency

24 hours

#### DUE TO (c)

Cerebral Thrombosis

5 days

### 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.

Month, Day, Year

p.m.

## 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 1967 and last saw her alive on 12/12/67. Death occurred at 8:40 p.m. on the date stated above, and to the best of my knowledge from the causes stated.

## 22a. SIGNATURE

C. L. Glosby, D.O.

## 22b. ADDRESS

Clinton, Mo.

## 22c. DATE SIGNED

12/16/67

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

12-15-67

## 23c. NAME OF CEMETERY OR CREMATORY

SHILOH CEM

## 23d. LOCATION (City, town, or county)

CHILHOWEE

## (State)

MO.

## 24. FUNERAL DIRECTOR

## ADDRESS

SICKMAN & DUNNING CLINTON MO

## 25. DATE RECD. BY LOCAL REG.

Dec. 18, 1967

## 26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

12

VS 300  
Rev. 4/59

0425

0420

3

4 0

5 1

6

7 0

8 2

9 332X

10

11

12 2-2

13 1-0

DEC 28 1967

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

*R. P. Dunning*

Licensed Embalmer No. 4910

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.

Permit Obtained 12-18-67 *WLB*