FILED JUL 29 1968 STATE FILE NUMBER NO WELFARE - MISSOURI DIVISION OF HEALTH DEPARTMENT OF PL (PHYSICIAN OR CORONER) CERTIFICATE OF DEATH DO NOT WRITE Primary Registration District No.3 Registration District No. ON THIS STUR VS 300 DECEASED -- NAME MIDDLE Rev. 1/68 ADAM BARNHART . Male UNDER 1 DAT DATE OF BIRTH LMONTH. DAY. RACE WHITE, NEGRO, AMERICAN INDIAN. AGE - IAST UNDER I YEAR YEAR 1 BIRTHDAY CYEARS MOS. HOURS DAYS MIN. 4 White St. | Oct 26 1895 70. Henry
HOSPITAL OR OTHER INSTITUTION - NAME (IP NOT THE LITTLE OF US STREET AND NUMBER) 10Ь. INSIDE CITY LIMITS SPECIFY YES OF NO 14 Wetzel Hospital
MARRIED, NEVER MARRIED, SURV DECEASED STATE OF BIRTH LIF NOT IN U.S.A., HAME CITIZEN OF WHAT COUNTRY ISURVIVING SPOUSE LIF WIFE, GIVE MAIDEN NAME ! WIDOWED DIVORCED (SPECIFY) COUNTRY Missouri USUAL RESIDENCE WHERE DECEASED SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF KIND OF BUSINESS OR INDUSTRY LIVED, IT DEATH WORKING LIFE, EVEN IF RETIRED F INSTITUTION, GIVE General t anmen INSIDE CITY LIMITS STREET AND NUMBER RESIDENCE - STATE ADMISSION. CITY, TOWN, OR LOCATION COUNTY SPECIFY YES OR NO 144. no 6.0516 MOTHER-MAIDEN NAME **PARENTS** Surnhan Bannhant INFORMANT-NAM MAILING ADDRESS ESTREET OF R.P.O. NO., CITY OF TOWN, STATE, ZIPT Barnhart Missouri (hilhowee. 0 APPECITIMATE INTERVAL DEATH WAS CAUSED BY: IENTER ONLY ONE CAUSE PER LINE FOR (6), (b), AND (c)) SETWEEN ONSET AND DEATH 19. CREDITS -0 CONDITIONS, IF ANY, WHICH GAVE FISE TO IMMEDIATE CAUSE (O), STATING THE UNDER-LYING CAUSE (AST CAUSE AUTOPSY IF YES WERE FINDINGS CON-PART II OTHER SIGNIFICANT CONDITIONS: 1 YES OR HO) OF DEATH 198. 195 DATE OF INJURY LMONTH, DAY, YEAR ! ACCIDENT, SUICIDE, HOMICIDE, HOW INJURY OCCURRED LENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18 I OR UNDETERMINED (SPECIFY) handbook for instructions INJURY AT WORK PLACE OF INJURY AT HOME, FARM, STREET, FACTORY. LOCATION ESTREET ON R.F.D. NO., CITY OR TOWN, STATE ! PERMANENT BLACK INK DEHCE BLOG., ETC. ISPECIFY I CERTIFICATION-I DID DID NOT VIEW THE DEATH OCCURRED AT THE PLACE, ON THE AND LAST SAW HIM/HER ALIVE ON YEAR PHYSICIAN: DAY YEAR BODY AFTER DEATH (HOUR) DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE 63 68 DECEASED FROM M. TO THE CAUSEIST STATED. CERTIFICATION-MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE THE DECEDENT WAS PROHOUNCED DEAD HOUR OF DEATH EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSEISI STATED. CERTIFIER CERTIFLER Linton G 715. MAILING ADDRESS - CERTIFIER STREET OR R.F.D. NO BURIAL, CREMATION, REMOVAL CREMATORY -NAME STATE BURIAL DATE FUNERAL HOME - NAME AND ADDRESS I STREET OR B.F.O. FUNERAL D

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		STATEMENT BY LIC	CENSED EMBALME	R		
I hereby	certify that the body w		ed on the reverse	side of this certificate was er	mbalmed	
		•		, Student Embalmer N		
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Student		·	Signed	flecool _		
	Signature of Student Embalr	ner -	(4	1330	
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