

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18427

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 16

|  |  |  |   |  |   |   |   |   |  |
|--|--|--|---|--|---|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>HENRY</u>  |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)<br>a. STATE <u>MO</u> b. COUNTY <u>HENRY</u> |   |   |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>CLINTON</u>   |  | c. LENGTH OF STAY (In this place)<br><u>5 mo.</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>CLINTON</u> <u>0420</u>                         |   |   |   |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CLINTON GENERAL HOSP.</u>   |  |  |   | d. STREET ADDRESS (If rural, give location)<br><u>310 SO. 3RD. ST.</u>   |   |   |   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>ICA</u> b. (Middle) <u>MAE</u> c. (Last) <u>BARNHOUSE</u>  |  |  | 4. DATE OF DEATH <u>JUNE 26, 1955</u>   |  |   |   |   |   |  |
| 5. SEX <u>MALE</u>   | 6. COLOR OR RACE <u>WHITE</u>              | 7. MARRIED, NEVER MARRIED, <sup>2</sup> WIDOWED, DIVORCED (Specify) <u>WIDOW</u>                       | 8. DATE OF BIRTH <u>AUG. 30 1889</u>  |  | 9. AGE (In years last birthday) <u>65</u>                         | If UNDER 1 YEAR<br>Months <u>9</u> Days <u>26</u> | If UNDER 1 HRS.<br>Hours _____ Min. _____ |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>SALES CLERK</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY _____  | 11. BIRTHPLACE (City and State or Foreign Country) <u>CLINTON, SALINE CO. MO.</u> |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                        |   |   |   |  |
| 13a. FATHER'S NAME <u>JOHN KRATZER</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>MARGARET YOUNG DECEASED</u>   |   | 14. NAME OF HUSBAND OR WIFE _____  |   |   |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>   | 16. SOCIAL SECURITY NO. <u>490-05-4429</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Atkins</u> ADDRESS <u>310 So. 3rd St. Clinton, Mo.</u>    |   |  |   |   |   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                        |  |  |   | MEDICAL CERTIFICATION  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 Mo</u> |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA LUNG</u>   |  |  |   | DUE TO (b) <u>163X</u>   |   |   |   |   |  |
| ANTECEDENT CAUSES  |  |  |   | DUE TO (c) _____   |   |   |   |   |  |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |  |  |   |  |   |   |   |   |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |   |  |   |   |   |   |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____   |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |   |   |   |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____         |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |   |   |   |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   | 21f. HOW DID INJURY OCCUR? _____   |   |   |   |   |  |
| 22. I hereby certify that I attended the deceased from _____, 1950, to <u>26 JUNE, 1955</u> , that I last saw the deceased alive on <u>26 JUNE, 1955</u> , and that death occurred at <u>12:25 Am.</u> , from the causes and on the date stated above. |  |  |   |  |   |   |   |   |  |
| 23a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD</u>   |  |  |   | 23b. ADDRESS <u>Clinton, Mo</u>  |   | 23c. DATE SIGNED <u>27 June 1955</u>              |   |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>  |  | 24b. DATE <u>JUNE 27, 1955</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>ENGLEWOOD CEM.</u>                          |  | 24d. LOCATION (City, town, or county) (State) <u>CLINTON, MO.</u> |   |   |   |  |
| DATE REC'D BY LOCAL REG. <u>June 27-33</u>   |  | REGISTRAR'S SIGNATURE <u>Florence Adair</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Vansant</u>   |   | ADDRESS <u>Clinton, Mo.</u>                       |   |   |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0422

JUL 6 1955

**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 .....  
Student Embalmer

Signed H. A. Vansant

Licensed Embalmer No. 3779

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 this body is not embalmed, fact should be so stated above.