

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40299

State File No.

FILED JAN 3 - 1956

BIRTH NO. 86763-55 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>5418 West 29 St</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas Eugene</u> b. (Middle) <u>Barnhart</u> c. (Last) <u>Barnhart</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-27-1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>12-23-1955</u>
9. AGE (In years last birthday) <u>2</u> IF UNDER 1 YEAR Months <u>2</u> IF UNDER 24 HRS. Hours <u>2</u> Min.		11. BIRTHPLACE (City and State or Foreign Country) <u>Clinton Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>Clinton Barnhart</u>	
13b. MOTHER'S MAIDEN NAME <u>Jones & Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE, OR NAME <u>Clinton Barnhart</u>		ADDRESS <u>Braine Village Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia (Bronchial)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>7635</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prematurity</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? 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 <u>25 Dec., 1955</u> , to <u>27 Dec., 1955</u> , that I last saw the deceased alive on <u>27 Dec., 1955</u> , and that death occurred at <u>10:45 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. B. Walker MD</u>		23b. ADDRESS <u>Clinton Mo</u>	
23c. DATE SIGNED <u>28 Dec. 1955</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-28-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Brownington cem</u>		24d. LOCATION (City, town, or county) (State) <u>Brownington Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 28-55</u>		REGISTRAR'S SIGNATURE <u>Mildred Biquin</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Hubman & Summy</u>		ADDRESS <u>Clinton Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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..... *Robert L. Dunning*

Licensed Embalmer No..... *477*

P. O. Address *Clinton*

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.