

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33065

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5365 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Daviess</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Daviess</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Lincoln Twp</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Lincoln Twp</b>	
c. LENGTH OF STAY (in this place) <b>51 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>Gilman City, RFD #2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Gilman City, RFD #2</b>		e. STREET ADDRESS (If rural, give location) <b>Gilman City, RFD #2</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>H.</b> c. (Last) <b>Barngrover</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10 8 1951</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Feb. 24, 1864</b>
9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months <b>7</b>	IF UNDER 12 HRS. Days <b>24</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Newpoint Ind.</b>	
13a. FATHER'S NAME <b>Joseph C. Osborne</b>	13b. MOTHER'S MAIDEN NAME <b>Harriet Hazen</b>	14. NAME OF HUSBAND OR WIFE <b>John R. Barngrover</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>P. A. Miller Gilman City, RFD #2</b>	
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) <b>Septicemia Chronica</b> INTERVAL BETWEEN ONSET AND DEATH <b>yr</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>592 X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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) (Min.)	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 <b>Oct 6, 1951</b> , to <b>Oct 8, 1951</b> , that I last saw the deceased alive on <b>Oct 8, 1951</b> , and that death occurred at <b>11 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b>	(Degree or title) <b>[Signature]</b>	23b. ADDRESS <b>Gilman City</b>	23c. DATE SIGNED <b>Oct 9 - 51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-20-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Masonic cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Gilman City, Mo.</b>
DATE REC'D BY LOCAL REG. <b>19th Oct</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Funeral Home Gilman City, Mo.</b>

(Licensed Embalmer's Statement on Reverse Side)

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



**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 \_\_\_\_\_

*My self -*

working under my personal supervision.

Signed.....  
Student Embalmer

Signed *Ronald Kaus*  
Student Embalmer No.....

Licensed Embalmer No. *3424*

P. O. Address *Juntura, 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.