

FILED MAR 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5974

606 Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6042

0910

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

1. PLACE OF DEATH a. COUNTY Ripley		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Ripley	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Varner		c. LENGTH OF STAY (In this place) 30yrs	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0910	

3. NAME OF DECEASED (Type or Print)	a. (First) Earnest	b. (Middle) Barnhart	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Feb 26, 1956
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, 9 WIDOWED (Specify)	8. DATE OF BIRTH Jan. 4, 1893	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Days 22	IF UNDER 24 HRS. Hours 1	IF UNDER 24 HRS. Min. 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and State or Foreign Country) Unknown Ind.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Barnhart	13b. MOTHER'S MAIDEN NAME Martha Mitchell	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Florence Barnhart Doniphan, Mo.	ADDRESS Doniphan, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease 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 4200	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Feb. 21, 1956**, to **Feb. 26, 1956**; that I last saw the deceased alive on **Feb. 21, 1956** and that death occurred at **12:30 PM** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. L. Smith	23b. ADDRESS 120. 2 Deelyville, Mo.	23c. DATE SIGNED 2-27-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2/28/56	24c. NAME OF CEMETERY OR CREMATORY Antioch	24d. LOCATION (City, town, or county) (State) Oxly Mo.
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DATE REC'D BY LOCAL REG. 2-29-56	REGISTRAR'S SIGNATURE CR Johnson 277-0	25. FUNERAL DIRECTOR'S SIGNATURE McCord-Gish	ADDRESS Naylor, Mo.
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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.....
Licensed Embalmer No. 407
P. O. Address May 1st, 72

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.