

FILED MAY 29 1956

STANDARD CERTIFICATE OF DEATH

17086

State File No. _____

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>215</u>		PRIMARY REG. DIST. NO. <u>5183</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Miller 0660</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Miller 0660</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Iberia</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Iberia Rural 0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>rural Richwoods</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. 2.</u>			
3. NAME OF DECEASED a. (First) <u>Randolph</u>			b. (Middle) <u>Adam</u>		c. (Last) <u>Barnhart</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 14, 1956</u>
5. SEX <u>Male 0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 22, 1872</u>		9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Miller Co. Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>James Barnhart</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Capps</u>		14. NAME OF HUSBAND OR WIFE <u>Rosa Barnhart</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mark Barnhart, Iberia, Mo.</u> ADDRESS			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>4 days.</u> <u>yes.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 (Month) (Day) (Year) (Hour) OF INJURY		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>4/9/56</u> , 19 <u>56</u> , to <u>4/14/56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4/13/56</u> , 19 <u>56</u> , and that death occurred at <u>9:15 pm</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W.M.A. Gould D.D.</u>				23b. ADDRESS <u>Iberia, Mo.</u>		23c. DATE SIGNED <u>4/15/56</u>	
24a. BURIAL, CREMATION, REINTERMENT (Specify) <u>Burial</u>	24b. DATE <u>4/18/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>		24d. LOCATION (City, town, or county) (State) <u>Tuscumbia Mo.</u>			
DATE REC'D BY LOCAL REG. <u>May 15-56</u>		REGISTRAR'S SIGNATURE <u>Jessie Perkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Wedge Funeral Homes Iberia, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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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
Student Embalmer

Signed _____

Walter D. Reed

Licensed Embalmer No. _____

4265

P. O. Address _____

Paris, 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.