

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED NOV 26 1957

Registration District No. 257 Primary Registration District No. 5892 Registor's No. 59

with, elfare, blic, rvice
0720
00
56
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dolan Co	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Meta Jackson Twp		c. CITY OR TOWN Meta	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS Rt 1	
3. NAME OF DECEASED (Type or print) Frank Pinkey Barnhart		4. DATE OF DEATH Nov 18, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/8/1878
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		9. AGE (In years last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10. KIND OF BUSINESS OR INDUSTRY Maries Co. Mo	
11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Madison Barnhart		14. MOTHER'S MAIDEN NAME Rhoda Woody	
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.	
17. INFORMANT Eva Barnhart		Address Meta, Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Left Ventricular Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 4500			INTERVAL BETWEEN ONSET AND DEATH 10 min. 10 Yrs.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Nov. 1956 to Nov. 14, 1957 and last saw her/him alive on Nov. 14, 57 Death occurred at 5:55 A. M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. H. Moore (Degree or title) D.O.		22b. ADDRESS Argyle, Missouri	
22c. DATE SIGNED 11/19/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/20/57	
23c. NAME OF CEMETERY OR CREMATORY Stokes		23d. LOCATION (City, town, or county) (State) Meta, Mo	
24. FUNERAL DIRECTOR Walter P. Hedges Hedges Funeral Homes Inc Iberia, Mo		25. DATE RECD. BY LOCAL REG. Nov 23-1957	
26. REGISTRAR'S SIGNATURE T a e u n i d e e s			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Walter P. Wedge*

Licensed Embalmer No. *42*

P. O. Address *Berna,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

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.