

60083

MISSOURI DIVISION OF HEALTH  
DEPARTMENT OF SOCIAL SERVICES  
PHYSICIAN, MEDICAL EXAMINER OR CORONER  
CERTIFICATE OF DEATH

STATE FILE NUMBER

Vol. 124 M86 Page 5923

REGISTRATION DISTRICT NO. 128 PRIMARY REGISTRATION DISTRICT NO. 2000 REGISTRAR'S NO.

DECEDENT-NAME FIRST <b>John</b>		MIDDLE <b>Emil</b>		LAST <b>Barnum</b>		SEX <b>2. male</b>	DATE OF DEATH (Mo., Day, Yr.) <b>1 February 18, 1986</b>
RACE - (e.g., White, Black, American Indian, etc.) (Specify) <b>white</b>		AGE - Last Birthday (Yrs.) <b>64</b>	UNDER 1 YEAR DAYS <b>5b.</b>	UNDER 1 DAY HOURS <b>5c.</b>	MIN. <b>5d.</b>	DATE OF BIRTH (Mo., Day, Yr.) <b>6 July 10, 1921</b>	
CITY, TOWN OR LOCATION OF DEATH <b>Springfield</b>		HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) <b>St John's Regional Health Center</b>					
STATE OF BIRTH (If not in U.S.A., name country) <b>New Mexico</b>		CITIZEN OF WHAT COUNTRY <b>USA</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>10. married</b>		SURVIVING SPOUSE (If wife, give maiden name) <b>11. (Grant) Methyl Fern</b>	
SOCIAL SECURITY NUMBER <b>13 550-18-5796</b>		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>14. Locksmith</b>		KIND OF BUSINESS OR INDUSTRY <b>16. Ozark Lock and Key</b>		WAS DECEDENT EVER IN U.S. ARMED FORCES? <b>12. YES</b>	
RESIDENCE STATE <b>Missouri</b>		COUNTY <b>Christian</b>		CITY, TOWN OR LOCATION AND ZIP CODE <b>15c. Ozark 65721</b>		STREET AND NUMBER <b>15d. 203 S 2nd Street</b>	
FATHER'S NAME <b>Arvin</b>		MOTHER - MAIDEN NAME <b>(Simmons) Lula Mae</b>		CITY OR TOWN <b>Ozark, Missouri</b>		STATE <b>Missouri</b>	
INFORMANT NAME (Type or Print) <b>16. John F. Barnum</b>		MAILING ADDRESS <b>17. P.O. Box 37</b>		CITY OR TOWN <b>Ozark, Missouri</b>		STATE <b>Missouri</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) DATE <b>18a. Burial February 20, 1986</b>		CEMETERY OR CREMATORY NAME <b>18b. Springfield National</b>		LOCATION <b>19. Springfield, Missouri</b>		ADDRESS OF FACILITY <b>Box 326</b>	
FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) <b>20a. Mary Harris</b>		NAME OF FACILITY <b>20b. Harris Funeral Home, Inc.</b>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>20c. March 7, 1986</b>		INSIDE CITY LIMITS (Specify Yes or No) <b>15e. yes</b>	
REGISTRAR <b>21a. (Signature) Billy D. Harman</b>		DATE SIGNED (Mo., Day, Yr.) <b>22b. 2/28/86</b>		HOUR OF DEATH <b>22c. 6:56 A.M.</b>		ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED <b>23a. ON</b>	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) <b>24a. Bureau M.D.</b>		MO LICENSE NO. <b>24b. R4B69</b>		HOUR OF DEATH <b>23c. AT</b>		IF HOSP OR INST indicate DOA OP: Enter Rm. Inpatient / Outpatient / N/A <b>25. inpatient</b>	
IMMEDIATE CAUSE <b>26. (a) Cardiac arrest</b>		DUE TO, OR AS A CONSEQUENCE OF <b>(b) Myocardial Infarction - presumed</b>		DUE TO, OR AS A CONSEQUENCE OF <b>(c) Atherosclerosis</b>		OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) <b>27. COPD</b>	
DATE OF INJURY (Mo., Day, Yr.) <b>28a. 2/18/86</b>		HOUR OF INJURY <b>28b. 6:56 A.M.</b>		DESCRIBE HOW INJURY OCCURRED <b>29. M</b>		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS <b>30. YES</b>	

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT.  
(Do not accept if rephotographed, or if seal impression cannot be felt.)

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STATE OF MISSOURI

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. Witness my hand as County Registrar of Vital Statistics and the Seal of the Missouri Department of Health this date of March 7, 1986

Registrar of Vital Statistics

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_ the 10th day of April A.D., 19 86 at 12:11 o'clock PM., and duly recorded in Vol. M86 of Deeds on Page 5973

FEE \$5.00

Return: M. F. Barnum Box 37, Ozark, Missouri 65721

Evelyn Biehn, County Clerk