

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25604

State File No.

Registration District No. 477

Primary Registration District No. 4286

Registrar's No. 13

1. PLACE OF DEATH:

- (a) County Lewis
(b) City or town Canton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution. (Specify whether

In this community. 66 yrs. (Specify whether years, months or days) 236

3. (a) PRINT FULL NAME Gage Horace Barker

3. (b) If veteran, name war. 3. (c) Social Security No. 486-14-5173

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bessie Haymont 6. (c) Age of husband or wife if

7. Birth date of deceased. Jan. 26, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 6 1 hr. min.

9. Birthplace Lewis Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation W. P. A. worker

11. Industry or business

12. Name William Franklin Barker

13. Birthplace Fauquier Co. Va.
(City, town, or county) (State or foreign country)

14. Maiden name Isabella Woods

15. Birthplace New Madrid Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. G. Barker

(b) Address Canton, Mo.

17. (a) Burial (b) Date thereof July 29, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Canton, Mo.

18. (a) Signature of funeral director E. J. Barkley

(b) Address Canton, Mo.

19. (a) July 29, 1940 (b) P. W. Jennings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Lewis

(c) City or town Canton
(If outside city or town limits, write "RURAL")

(d) Street No. 408 S. 3rd St.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1940 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov 1, 1939, to July 27, 1940

that I last saw him alive on July 25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 hr.

Due to Chronic coronary thrombosis not

Due to arteriosclerosis

Other conditions (include pregnancy within 3 months of death) 1410

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (Means of injury)

23. (Signature) L. J. Hillard (M. D. or other) Do

Address Canton, Mo. Date signed July 29, 1940

RECEIVED

MAR 27 1940

District Health Officer No. 10

District File Number 8-40-1631

Date Filed AUG 15 1940

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Earl H. Barkley

Licensed Embalmer No. 2615

P. O. Address Canton, 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, above space should be left blank.