

No. 2
12-45
17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10439**

FILED APR 3 1947

Registration District No. **316**

Primary Registration District No. **6075**

Registrar's No. **91**

1. PLACE OF DEATH:

(a) County **St. Francois**
(b) City or town **Farmington RURAL St. Francois**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Missouri State Hospital No. 4 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution **4 years, 8 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri
(a) State **Missouri** (b) County **Dunklin 94**
(c) City or town **Hornersville 000**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **CLARENCE BARKS**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male 0** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single 0**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Unkn. born Unkn. About 1922**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 26 hr. min.

9. Birthplace **Ripley County, Missouri 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business _____

MOTHER FATHER

12. Name **Thomas Barks**

13. Birthplace **Unknown, Missouri 0**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Records State Hospital No. 4**
(b) Address **Farmington, Missouri**

17. (a) **Burial** (b) Date thereof **3-11-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Paynor Cem., Paynor, Mo.**

18. (a) Signature of funeral director **Black and Edwards**
(b) Address **Doniphan, Missouri**

19. (a) **3-28-47** (b) **Ether Rudloff**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **8**
year **1947** hour **10** minute **55 P.M.**

21. I hereby certify that I attended the deceased from **Dec. 13 1942 to March 8 1947**
that I last saw him alive on **March 8 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis** Duration **1 yr**

Due to _____

Due to **Terminal Deficiency of Syrs.**
Other conditions **syphilis with**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy **No autopsy**

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) 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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature **James L. ...** (M. D. or other) _____
Address **Farmington** Date signed **3/8/47**

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

RECEIVED

Health Officer No. ⁴.....
347-436
3-31-47

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 *Arnold Doyal*.....

Licensed Embalmer No. *4120*.....

P. O. Address *Lorington 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.