

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7642

BIRTH NO. _____		REG. DIST. NO. 52		PRIMARY REG. DIST. NO. 5181		Registrar's No. 24			
1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>				2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cape Girardeau</i>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural approximately 1 mi</i>		c. LENGTH OF STAY (In this place) <i>16</i>		c. CITY (If outside corporate limits write RURAL and give township) OR TOWN <i>Rural</i>		16 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1 1/2 miles north Dairy</i>				d. STREET ADDRESS (If rural, give location) <i>1 1/2 miles north Dairy</i>					
3. NAME OF DECEASED (Type or Print) <i>THOMAS CALVIN BARKS</i>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <i>March 25, 1949</i>		(Month)		(Day)		(Year)			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>		8. DATE OF BIRTH <i>March 5, 1880</i>			
9. AGE (In years last birthday) <i>69</i>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Days		Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>			11. BIRTHPLACE (State or foreign country) <i>Dairy Mo. U</i>			
12. CITIZEN OF WHAT COUNTRY <i>USA</i>			13a. FATHER'S NAME <i>David Barks</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Crites</i>		14. NAME OF HUSBAND OR WIFE <i>Norma Wells Barks</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <i>Clarence Barks</i> ADDRESS <i>Paize, Mo.</i>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Came to his death with a</i> ANTECEDENT CAUSES <i>Heart Attack.</i> DUE TO (b) <i>Heart Attack.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>4343</i> Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 OF INJURY (Month) (Day) (Year) (Hour)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <i>E.P. Trickey</i> (Degree or title) <i>Coroner</i>			23b. ADDRESS <i>4 - S. Pacific St Cape Girardeau</i>			23c. DATE SIGNED <i>Mar 25 1949</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>March 27 - 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>New Salem Cemetery</i>		24d. LOCATION (City, town, or county) <i>Dairy Mo</i> (State)			
DATE REC'D BY LOCAL REG. <i>Mar 26 49</i>		REGISTRAR'S SIGNATURE <i>D. G. Siskin</i> 43		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. J. Kelly</i> ADDRESS <i>Jackson</i>					

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

16000

RECEIVED

District Health Officer No. 4

District File Number 349-421

Date Filed 3-29-49

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 Gene C. Cracraft

Licensed Embalmer No. 4327

P. O. Address Jackson, W.

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.