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

FILED MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9617

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY: RAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Henrietta, Mo.
c. LENGTH OF STAY (in this place): 45 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 miles South Henrietta, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ray
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 3 mile South Henrietta Mo.
d. STREET ADDRESS (If rural, give location): 3 mi. S. Henrietta Mo

3. NAME OF DECEASED (Type or Print)
a. (First): ELIAS
b. (Middle): WALTER
c. (Last): BARKER

4. DATE OF DEATH (Month) (Day) (Year): March 11 1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: June 4 - 1864
9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months: 9 Days: 7
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer.
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Lafayette County Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: James Barker.
13b. MOTHER'S MAIDEN NAME: Caroline Cruse
14. NAME OF HUSBAND OR WIFE: Arty (Sawyer) Barker - dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Earl Barker
ADDRESS: Henrietta Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auricular fibrulation - c
Congestive failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-Sclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

INTERVAL BETWEEN ONSET AND DEATH

4331

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 24 May, 1947, *to* 10 March, 1949, *that I last saw the deceased alive on* 10 March, 1949, *and that death occurred at* 12:50A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Orell Ward MD
(Degree or title)
23b. ADDRESS: Lexington
23c. DATE SIGNED: 12 March 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 13 - 1949
24c. NAME OF CEMETERY OR CREMATORY: Craven
24d. LOCATION (City, town, or county) (State): Camden, Missouri

DATE REC'D BY LOCAL REG.: Mar. 12 - 1949
REGISTRAR'S SIGNATURE: Mabel Jackson
25. FUNERAL DIRECTOR'S SIGNATURE: Thomas J. Carter
ADDRESS: Richmond Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-15-49

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.

Signed Thomas J. Carter

Signed .....
Student Embalmer

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.