

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32862

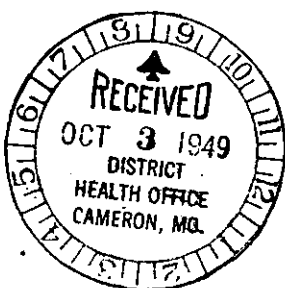
State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>4547</u>		Registrar's No. <u>32</u>					
1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Elmer Eslie</u>		b. (Middle) <u>Roy</u>		c. (Last) <u>Barker</u>					
4. DATE OF DEATH		9		5. (Month) <u>26</u>		6. (Day) <u>1949</u>					
7. SEX <u>male</u>		8. COLOR OR RACE <u>white</u>		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		10. DATE OF BIRTH <u>3-8-1882</u>					
11. AGE (In years last birthday) <u>67</u>		12. IF UNDER 1 YEAR <u>6</u> Months		13. IF UNDER 1 YEAR <u>18</u> Days		14. IF UNDER 1 MIN. <u>Hours</u> <u>Min.</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>							
11. BIRTHPLACE (State or foreign country) <u>Kellerton, Iowa</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>John Johnson Barker</u>				13b. MOTHER'S MAIDEN NAME <u>Cordelia McCandless</u>							
14. NAME OF HUSBAND OR WIFE <u>Fannie Pearl Barker</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)							
16. SOCIAL SECURITY NO. <u>487 34 9373</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fannie Barker</u> ADDRESS <u>Grant City, Mo.</u>							
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) <u>Uremia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) <u>Coronary Sclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>3 months</u> <u>592X</u> <u>5 yrs</u>			
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) (Min.)				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 <u>30 Aug, 1949</u> , to <u>26 Sept, 1949</u> , that I last saw the deceased alive on <u>Sept 26, 1949</u> , and that death occurred at <u>3:25 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank Matteson M.D. (1)</u>				23b. ADDRESS <u>Grant City, Mo.</u>							
23c. DATE SIGNED <u>9/27/49</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>							
24b. DATE <u>9-29-1949</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Grant City Cemetery</u>							
24d. LOCATION (City, town, or county) (State) <u>Grant City, Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Arch C. Dunfee</u> ADDRESS <u>Grant City, Mo.</u>							
DATE REC'D BY LOCAL REG. <u>Sept 30, 1949</u>				REGISTRAR'S SIGNATURE <u>Keta E. Dawson</u> 345							
(Licensed Embalmer's Statement on Reverse Side)											

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

SEP 2 1958

OCT 24 1957



### 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 Arch C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant city, Md.

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.