

No. 300
10.48

On 18 Jan 1950
FILED JAN 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1954
6

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5906 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Demasot
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Little River
c. LENGTH OF STAY (in this place) 3 yr
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Demasot
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Little River
d. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED
(Type or Print)
a. (First) Avery b. (Middle) - c. (Last) Barker

4. DATE OF DEATH (Month) (Day) (Year)
Jan 13 1950

5. SEX Male
6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH
March 15 1896

9. AGE (in years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
53 9 29

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farming

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country)
Lake County, Tenn.

12. CITIZEN OF WHAT COUNTRY?
USA.

13a. FATHER'S NAME
Unknown

13b. MOTHER'S MAIDEN NAME
Unknown

14. NAME OF HUSBAND OR WIFE
Bertha Barker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
489-18-6030

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS
Bertha Barker Hayti Mo 26

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

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Peptic ulcer
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Peptic ulcer
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
4 days

5700

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 March 10 1949, to Jan 8 1950, that I last saw the deceased alive on Jan 9 1950, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
D. W. Loke M.D.

23b. ADDRESS
Caruthersville, Mo

23c. DATE SIGNED
1-15-50

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
1-14-50

24c. NAME OF CEMETERY OR CREMATORY
County

24d. LOCATION (City, town, or county) (State)
Hayti Mo

DATE REC'D BY LOCAL REG
1-16-50

REGISTRAR'S SIGNATURE
John H. German

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS
John H. German Hayti, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

0780

1-50-32

JAN 17 1950

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.....

working under my personal supervision..... Student Embalmer No.

Signed..... Student Embalmer

Signed *John St. German*

Licensed Embalmer No. *4355*

P. O. Address *Haiti, 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.