

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **2107**

FILED JAN 26 1950

BIRTH NO. _____		REG. DIST. NO. 291		PRIMARY REG. DIST. NO. 4433		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY PUTNAM				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PUTNAM			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIONVILLE				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIONVILLE			
d. FULL NAME OF HOSPITAL OR INSTITUTION MONROE HOSPITAL				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) BARKLEY c. (Last) BARKLEY				4. DATE OF DEATH JANUARY 5, 1950			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH NOVEMBER 19, 1853	
9. AGE (In years last birthday) 96		10. MONTHS 1 DAYS 16		11. BIRTHPLACE (State or foreign country) INDIANA		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME JOHN BARKLEY				13b. MOTHER'S MAIDEN NAME MARY BARKLEY		14. NAME OF HUSBAND OR WIFE MARTHA M. BARKLEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) NO				16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME W. B. Pollock, 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, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile debility ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 years				19a. DATE 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 Oct 3, 1949 , to Jan 5, 1950 , that I last saw the deceased alive on Jan 5, 1950 , and that death occurred at 5:45 A. M. , from the causes and on the date stated above.			
23a. SIGNATURE Chas. L. Judd (Degree or title) Dr.				23b. ADDRESS Unionville, Mo.			
23c. DATE SIGNED 1-6-50				24a. BURYAL, CREMATION, REMOVAL (Specify) BURIAL			
24b. DATE 1/6/50				24c. NAME OF CEMETERY OR CREMATORY PLAINVIEW CEMETERY			
24d. LOCATION (City, town, or county) (State) SULLIVAN COUNTY, MISSOURI				25. FUNERAL DIRECTOR'S SIGNATURE COMSTOCK FUNERAL HOME ADDRESS UNIONVILLE, Mo.			
DATE REC'D BY LOCAL REG. 1-18-50				REGISTRAR'S SIGNATURE Marcell D. Dumb			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 24 1950
District Health Officer No. 10
District File Number 1-50-1
Date Filed JAN 24 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

John N. Comstock

Licensed Embalmer No. 3891

P. O. Address. Unionville, 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.