

THE DIVISION OF HEALTH OF MISSOURI  
FILED JUN 7 1950 STANDARD CERTIFICATE OF DEATH

State File No. 19450

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6224 Registrar's No. 87

1. PLACE OF DEATH  
a. COUNTY Vernon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Vernon

b. CITY (If outside corporate limits, write RURAL and give township OR TOWN) Nevada rural 34 year

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada

d. FULL NAME OF HOSPITAL OR INSTITUTION Rt 3 Center Hosp.

d. STREET ADDRESS (If rural, give location) Rt 3 Center Twp.

3. NAME OF DECEASED  
a. (First) Joe b. (Middle) \_\_\_\_\_ c. (Last) Barker 4. DATE OF DEATH (Month) (Day) (Year) May 16 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED. Married (Specify) \_\_\_\_\_ DATE OF BIRTH March 26 1879 9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months \_\_\_\_\_ IF UNDER 2 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

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) Lafayette Co., Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Marshall Barker

13b. MOTHER'S MAIDEN NAME Adeline Maethy

14. NAME OF HUSBAND OR WIFE Lula Barker

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

16. SOCIAL SECURITY NO. 500-05-6360

17. INFORMANT'S SIGNATURE OR NAME Lula Barker ADDRESS Nevada Rt 3, Missouri

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral arteriosclerosis  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. none

ANTECEDENT CAUSES DUE TO (b) Don't know  
DUE TO (c) ✓

INTERVAL BETWEEN ONSET AND DEATH Several months

19a. DATE OF OPERATION none

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) \_\_\_\_\_

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 May 16, 1950 to May 16, 1950, that I last saw the deceased alive on May 16, 1950 and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE W. B. Love (Degree or title) \_\_\_\_\_

23b. ADDRESS Nevada, Mo

23c. DATE SIGNED May 24/50

24a. BURIAL (Specify) \_\_\_\_\_

24b. DATE May 18 1950

24c. NAME OF CEMETERY OR CREMATORY Moore Cemetery Nevada

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

DATE REC'D BY LOCAL REG. May 31 1950 REGISTRAR'S SIGNATURE Rathyn H. Prince 331

25. FUNERAL DIRECTOR'S SIGNATURE Harry L. ... ADDRESS Nevada Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-5-50

District Health Officer No. 71

District File Number 5-50-596

Date Filed 6-6-50

JUN 7 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.....

Licensed Embalmer No. 1760

P. O. Address Nevada 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.