

FILED OCT 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29386

State File No.

BIRTH NO.		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5709</u>		Registrar's No. <u>74</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Whitewater</u> c. LENGTH OF STAY (In this place) <u>Life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi. E. of Sedgewickville</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Whitewater</u> d. STREET ADDRESS (If rural, give location) <u>4 mi. East of Sedgewickville</u>			
3. NAME OF DECEASED (Type or Print) <u>T THOMAS</u>		a. (First) <u>C</u> b. (Middle) <u>C</u> c. (Last) <u>BARKS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 11 1950</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 1st 1896</u>	9. AGE (In years last birthday) <u>54</u>	If UNDER 1 YEAR: Months <u>3</u> Days <u>10</u> If UNDER 1 MIN. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Calvin Barks</u>		13b. MOTHER'S MAIDEN NAME <u>Barbra Seabaugh</u>		14. NAME OF HUSBAND OR WIFE <u>Lillie Barks</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) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lillie Barks Sedgewickville Mo.</u> ADDRESS			
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>Diabetes</u> ANTECEDENT CAUSES <u>Chronic Asthma</u> Morbidity 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. <u>260X</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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>July 3rd, 1950</u> , to <u>Sept 11th, 1950</u> , that I last saw the deceased alive on <u>Sept 6th, 1950</u> , and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edw. Crites M.D.</u>		23b. ADDRESS <u>Sedgewickville Mo.</u>		23c. DATE SIGNED <u>9/13/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 12, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sargent Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Bollinger Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 29, 1950</u>		REGISTRAR'S SIGNATURE <u>Willie VanDerburgh</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Combs</u>		ADDRESS <u>Furn. & Und. Co. Jackson Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 18 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.

Signed.....

BA Meyer

Signed.....
Student Embalmer

Licensed Embalmer No. *3057*

P. O. Address *Jackson 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.