

FILED DEC 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. 41786

BIRTH NO. REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5980 Registrar's No. 161

2840

1. PLACE OF DEATH
 a. COUNTY Polk
 b. CITY (If outside corporate limits, write RURAL and give township) Sunnegon
 c. LENGTH OF STAY (in this place) 2 yrs
 d. FULL NAME OF HOSPITAL OR INSTITUTION 5 Miles S.E. of Sunnegon

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
 a. STATE Missouri
 b. COUNTY Polk
 c. CITY (If outside corporate limits, write RURAL and give township) Sunnegon
 d. STREET ADDRESS (If rural, give location) 5 Miles S.E. of Sunnegon

3. NAME OF DECEASED
 a. (First) James
 b. (Middle) Montford
 c. (Last) Barker

4. DATE OF DEATH
 (Month) Dec (Day) 11 (Year) 1950

5. SEX Male
 6. COLOR OR RACE White
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
 8. DATE OF BIRTH July 29 1888
 9. AGE (In years last birthday) 62 (Months) 4 (Days) 12

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer
 10b. KIND OF BUSINESS OR INDUSTRY Farming
 11. BIRTHPLACE (State or foreign country) Polk County, Mo
 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Joseph Barker
 13b. MOTHER'S MAIDEN NAME Chester Bennett Sawyer
 14. NAME OF HUSBAND OR WIFE Sarah Ann Barker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
 16. SOCIAL SECURITY NO. None
 17. INFORMANT'S SIGNATURE OR NAME Sarah Ann Barker ADDRESS Sunnegon, Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion

ANTECEDENT CAUSES
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
 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.
4201

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) _____
 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at Five A. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) 3 Polk County Coroner
 23b. ADDRESS Bolivar, Mo.
 23c. DATE SIGNED 12-12-50

24a. BIRTH, CREMATION, REMOVAL (Specify) Burial
 24b. DATE Dec. 13-50
 24c. NAME OF CEMETERY OR CREMATORY Adonis Cemetery
 24d. LOCATION (City, town, or county) (State) Adonis, Mo

DATE REC'D BY LOCAL REG. Dec. 13, 1950
 REGISTRAR'S SIGNATURE Ralph Gordon
 25. CORONER'S SIGNATURE [Signature] ADDRESS Adonis, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED DEC 02 1950

Dist. File 1250-2539

Date Filed 12-21-50

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.....

Edward P. Emmer

Signed.....
Student Embalmer

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.