

FILED FEB 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5039
REGISTRAR'S NO. 71

0495
1

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

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		REGISTRAR'S NO. 71	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)			
a. COUNTY JASPER.		b. CITY (if outside corporate limits, write RURAL and give township) JOPLIN		a. STATE MISSOURI		b. COUNTY _____	
c. LENGTH OF STAY (in this place) 10 Mo		c. CITY (if outside corporate limits, write RURAL and give township) 1080		c. CITY OR TOWN SHELDON MO		d. STREET ADDRESS _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1311-E 18 '1				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) MINTA			b. (Middle) MAY			c. (Last) BARKER	
(Type or Print)			4. DATE OF DEATH 2 11 51			5. SEX FEM	
6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 10-9-1870		9. AGE (In years last birthday) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (State or foreign country) VINCENNO INO		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME GEO GAINES		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS HELEN HINSHAW JOPLIN MO			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage				_____	
*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.				331X	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Ed D. James M.D.				23b. ADDRESS JOPLIN MO		23c. DATE SIGNED 2-12-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 2-11-51		24c. NAME OF CEMETERY OR CREMATORY SHELDON AFB		24d. LOCATION (City, town, or county) (State) SHELDON MO	
DATE REC'D BY LOCAL REG. 2-12-51		REGISTRAR'S SIGNATURE Ed D. James		25. FUNERAL DIRECTOR'S SIGNATURE Steve Parks		ADDRESS JOPLIN MO	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 2/19/51
Wasper County Health Office

County File Number 51-2-134
Date Filed 2/19/51

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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 ^{NOT} _____

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

Student _____
Student Embalmer

Signed Steve Parker

Licensed Embalmer No. 2548

P. O. Address Gepp - 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.