

FILED MAR 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7265

1060

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4518 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hallester</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hallester Mo 1060</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Nellie</u>	b. (Middle) <u>Barker</u>	c. (Last) <u>Court</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-25-51</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 11 1958</u>	9. AGE (In years last birthday) <u>92</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home work</u>	11. BIRTHPLACE (State or foreign country) <u>Overland Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>Alfonso Barker</u>	13b. MOTHER'S MAIDEN NAME <u>Salome Merrill</u>	14. NAME OF HUSBAND OR WIFE <u>Deane</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cara C. Taylor</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Sander decline</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		572 X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Feb 12, 1951, to Feb 25, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:30 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. C. Bunter</u> (Degree or title) <u>0</u>	23b. ADDRESS <u>Beacon, Mo.</u>	23c. DATE SIGNED <u>2/1/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-2-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hallester Knob</u>	24d. LOCATION (City, town, or county) (State) <u>Hallester Knob Mo</u>
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DATE REC'D BY LOCAL REG. <u>MAR 2-1 1951</u>	REGISTRAR'S SIGNATURE <u>J. E. Cogswell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Whelchel F. Howe</u>	ADDRESS <u>Beacon Mo</u>
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WRITE PLAINLY—USING ERASING BLACK INK—MAKE A PERMANENT RECORD

J. C. Bunter
Beacon, Mo.

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

RECEIVED MAR 5 1957

Dist. File 351-479

Date Filed 3-8-57

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.....
Student Embalmer

Signed Minnie S. Wheelock

Licensed Embalmer No. 2287

P. O. Address Bearson 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.