

THE DIVISION OF HEALTH OF MASSACHUSETTS
STANDARD CERTIFICATE OF DEATH

State File No. 12036

FILED MAY 14 1951		BIRTH NO. 4-30-57		REG. DIST. NO. 93		PRIMARY REG. DIST. NO. 4154		Registrar's No. 27			
1. PLACE OF DEATH a. COUNTY Dade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Dade							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenfield Mo				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenfield Mo. 0290							
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0							
3. NAME OF DECEASED (Type or Print) Katie				a. (First) May		b. (Middle) Barker		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 4-27-51	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 12-7-67		9. AGE, (In years last birthday) 83		10. MONTHS 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME B.M. Neale				13b. MOTHER'S MAIDEN NAME Annie Neale				14. NAME OF HUSBAND OR WIFE Charles W Barker			
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 John Painter Greenfield Mo.					
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) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalized. 10 years DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 12 hours	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 4201				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) Greenfield Mo.							
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 4-19, 1951, to 4-27, 1951, that I last saw the deceased alive on 4-27, 1951 and that death occurred at 8:30p m., from the causes and on the date stated above.											
23a. SIGNATURE Lee A. M. Paul Jr., M.D. (Degree or title) 0				23b. ADDRESS Greenfield				23c. DATE SIGNED 4-28-51			
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 4-29-51		24c. NAME OF CEMETERY OR CREMATORY Greenfield		24d. LOCATION (City, town, or county) (State) Greenfield Mo					
DATE REC'D BY LOCAL REG. 4-30-51		REGISTRAR'S SIGNATURE Geo L. Weir 79		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.R. Allison Greenfield 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 MAY 7 1951

Dist. File 551-9123

Date Filed 5-9-51

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 W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenville

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.