

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **40423**

RECEIVED NOV 28 1951

BIRTH NO. _____		REG. DIST. NO. 340		PRIMARY REG. DIST. NO. 3075		Registrar's No. 84		
1. PLACE OF DEATH a. COUNTY Stoddard 1031				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter			c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter 1031			d. STREET ADDRESS (If rural, give location) 1201 Olive 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence								
3. NAME OF DECEASED (Type or Print) a. (First) Flora			b. (Middle) _____		c. (Last) Barks		4. DATE OF DEATH (Month) (Day) (Year) Nov. 5, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH May 22, 1895	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months 5 Days 13	IF UNDER 18 Hrs. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-keeper		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Wayne County, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U. S.		
13a. FATHER'S NAME Thomas Keena		13b. MOTHER'S MAIDEN NAME Elizabeth May		14. NAME OF HUSBAND OR WIFE George Barks (Dec'd)				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. ----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Goldie Doerr, Dexter, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage					Sudden		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES DUE TO (b) Hypertension					3-4 yrs.		
	DUE TO (c) Cordeo-vascular renal disease					3-4 yrs.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) ---		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 Oct. 1949 to Nov. 5, 1951 , that I last saw the deceased alive on Nov. 5, 1951 , and that death occurred at 2:30 P.M. from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Walter D. Janke				23b. ADDRESS Dexter, Missouri		23c. DATE SIGNED 11-14-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-8-51	24c. NAME OF CEMETERY OR CREMATORY Dexter		24d. LOCATION (City, town, or county) (State) Dexter, Missouri			
DATE REC'D BY LOCAL REG. 11-19-51		REGISTRAR'S SIGNATURE Walter D. Janke 407		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Strickland-Rainey, Dexter, Mo.				

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

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DISTRICT HEALTH OFFICE No. 6

File No.....

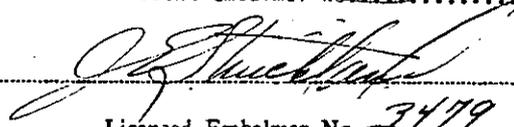
STATEMENT BY LICENSED EMBALMER

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.....



Signed.....
Student Embalmer

Licensed Embalmer No. 2479

P. O. Address. District, Md.

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.