

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **40842**

JAN 5 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **353**

1. PLACE OF DEATH a. COUNTY <b>CALLAWAY DISTRICT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>CALLAWAY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Fulton</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Fulton</b>	
c. LENGTH OF STAY (In this place) <b>3 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>R.F.D. #1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CALLAWAY HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Addie</b>	b. (Middle) <b>MYRTLE</b>	c. (Last) <b>BARKER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 19, 1951</b>
--	-------------------------	---------------------------	-------------------------	--

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Dec. 7, 1885</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
-------------------------	----------------------------------	--	---	---	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>CALLAWAY Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	---	--	---

13a. FATHER'S NAME <b>ALBERT DUTTON</b>	13b. MOTHER'S MAIDEN NAME <b>SOPHIA LOVE</b>	14. NAME OF HUSBAND OR WIFE <b>Geo. BARKER</b>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Geo. Barker</b>	ADDRESS <b>Fulton, Mo.</b>
---	--	---	-------------------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>		
	DUE TO (c) 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 <b>331X</b>	20. AUTOPSY? YES <input 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)	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 **12-17**, 19**51**, to **12-19**, 19**51**, that I last saw the deceased alive on **12-18**, 19**51**, and that death occurred at **7 AM**, from the causes and on the date stated above.

23a. SIGNATURE <b>Oliver J. Brown MD</b>	(Degree or title)	23b. ADDRESS <b>Fulton</b>	23c. DATE SIGNED <b>12-21-51</b>
---	-------------------	-------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 20, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Callaway Memorial Gardens</b>	24d. LOCATION (City, town, or county) (State) <b>Fulton Mo.</b>
--	-----------------------------------	--	--

DATE REC'D BY LOCAL REG. <b>Dec 22-1951</b>	REGISTRAR'S SIGNATURE <b>Martha Lawrence</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Glen Y. Maynard</b>	ADDRESS <b>Fulton Mo.</b>
--	---	--	------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

DEC 27 1951

RECEIVED

---

---

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 Glen G. Marquis

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.