

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 6 1952  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 4540 Registrar's No. 10

1110

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

1. PLACE OF DEATH a. COUNTY <u>Haynes</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Haynes</u>	
b. CITY OR TOWN <u>Greenville</u>		c. CITY OR TOWN <u>Greenville</u> 1110	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (First) <u>JOHNATHAN</u>	b. (Middle)	c. (Last) <u>BARKS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-29-52</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2-17-1867</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>12</u> Days	IF UNDER 1 HRS. Hours <u></u> Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Leflow Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Nathan Barks</u>	13b. MOTHER'S MAIDEN NAME <u>Leticia Pester</u>	14. NAME OF HUSBAND OR WIFE <u>Lelia L. Lee</u>
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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 <u>Stella Mae Barks</u> ADDRESS <u>Greenville Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular Heart disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rgt</u>			

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 2-1, 1952, to 2-27, 1952; that I last saw the deceased alive on 2-27, 1952 and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. F. Wagner M.D.</u>	23b. ADDRESS <u>Greenville Mo.</u>	23c. DATE SIGNED <u>3-1-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/2/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crossroads</u>	24d. LOCATION (City, town, or county) (State) <u>Haynes Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3 3 1952</u>	REGISTRAR'S SIGNATURE <u>Mabel Beasley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edith FUNERAL HOME</u> ADDRESS <u>Marion E. Beaulieu Greenville Mo.</u>
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RECEIVED

MAR 5 1952

WAYNE CO. HEALTH CENTER

FILE No. 352-24

APR 12 1952

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 \_\_\_\_\_

*me*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Marvin E. Bowler*

Licensed Embalmer No. *4426*

P. O. Address *Piedmont, 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.