

FILED AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26953

1090  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>364</u>		PRIMARY REG. DIST. NO. <u>6237</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH <u>Home Wright City Mo</u> a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Warren</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wright City</u>		c. LENGTH OF STAY (in this place) <u>11 Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wright City</u>		1090 <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>3 mi. S.E.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Theodore</u>		b. (Middle) <u>Henry</u>		c. (Last) <u>Barklage</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-5-52</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 3-1952</u>	
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months <u>3</u>		IF UNDER 4 WKS. Days <u>2</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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>FARMER - HARVESTER</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
13a. FATHER'S NAME <u>Henry Barklage</u>		13b. MOTHER'S MAIDEN NAME <u>Louise C. Thoecke</u>		14. NAME OF HUSBAND OR WIFE <u>Nora Barklage</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dated of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nora Barklage Wright City Mo</u>			
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					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Result of Cancer gang</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>By Natural Causes</u> DUE TO (c) <u>Cerebral Hemorrhage</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>(Blood Pressure High)</u>		INTERVAL BETWEEN ONSET AND DEATH					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>221X</u>				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) <u>Wright City Warren Mo</u>		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. H. Knigge 3 (Coroner)</u>				23b. ADDRESS <u>Warrenton Mo</u>		23c. DATE SIGNED <u>Aug. 6-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 9-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>South Lin</u>		24d. LOCATION (City, town, or county) (State) <u>Wentzville Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 13-1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. F. W. Hughes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arnetta M. Titman 3 Frontville Mo</u>			

