

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28815

State File No. _____

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FILED AUG 26 1952

BIRTH NO. _____ REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 4348 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellsville Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellsville Mo</u> <u>0700</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>		d. STREET ADDRESS (If rural, give location) <u>409 E. Henn St.</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>Ward</u> c. (Last) <u>Barker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug</u> <u>20</u> <u>1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 31 1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>20</u> IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln Co MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Zeno T Barker</u>		13b. MOTHER'S MAIDEN NAME <u>Mellisa Prichett</u>	
14. NAME OF HUSBAND OR WIFE <u>Una Olive Barker</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Una Barker Wellsville Mo</u>		ADDRESS <u>Wellsville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> ANTECEDENT CAUSES <u>Hypertension</u> DUE TO (b) <u></u> DUE TO (c) <u></u> 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 <u>334X</u>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>June</u> , 19 <u>51</u> , to <u>Aug 20</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Aug 20</u> , 19 <u>52</u> , and that death occurred at <u>3:00 PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wallis H. 2 Wells</u>		23b. ADDRESS <u>Wellsville Mo</u>	
23c. DATE SIGNED <u>8/21/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 21 52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville City</u>		24d. LOCATION (City, town, or county) (State) <u>Wellsville Mo</u>	
DATE REC'D BY LOCAL REG. <u>8/21/52</u>		REGISTRAR'S SIGNATURE <u>W. S. Kernans</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Kernans</u>		ADDRESS <u>Wellsville Mo</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

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

A. B. Wells

Licensed Embalmer No. *1288*

P. O. Address *Hellerville 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.