

STANDARD CERTIFICATE OF DEATH

37895

State File No.

FILED NOV 25 1952

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5178 Registrar's No. 34

01571

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

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived) If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural - Jasper</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jasper, Sun Rise Beach</u>	
c. LENGTH OF STAY (in this place) <u>4 years</u>		d. STREET ADDRESS (If rural, give location) <u>P.O. Sun Rise Beach Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barker Camp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Daphyn</u> b. (Middle) <u>Barker</u> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 14 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Wht</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>71 (3) 1905</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 15 MIN. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Camp owner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>	11. BIRTHPLACE (State or foreign country) <u>Springfield Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Frank Adams</u>	13b. MOTHER'S MAIDEN NAME <u>Emmery Adams</u>	14. NAME OF HUSBAND OR WIFE <u>James J. Barker</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) <u>No</u>	16. SOCIAL SECURITY NO. <u>no (?)</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frank Adams</u> ADDRESS <u>1520 E. Delmar 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>Years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH? (a) <u>Medullary Paralysis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Alcoholism</u> DUE TO (c) <u>Repeated or continued drinking</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Today dead when found, Exact hour would be hard to determine</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>3220</u>
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22. I hereby certify that I attended the deceased from Nov 20, 1952, to Nov 21, 1952, that I last saw the deceased alive on Nov 19, and that death occurred at 121 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Abbe Woolery</u> (Degree or title) <u>Co. Coroner</u>	23b. ADDRESS <u>Camdenton, Mo.</u>	23c. DATE SIGNED <u>Nov. 21-1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 21 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 21-1952</u>	REGISTRAR'S SIGNATURE <u>Zilpha Draw</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Banksou-Woolery</u> ADDRESS <u>Camdenton Mo</u>
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DEC 29 1952

DEC 30 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Abbey Baubert Cooley

Licensed Embalmer No. 2488

P. O. Address Camden, N.J.

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.