

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

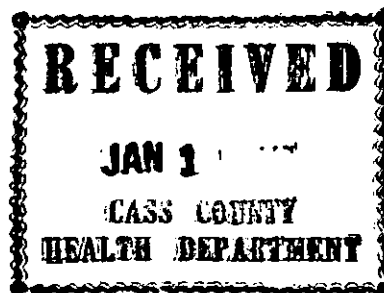
State File No. **41755**
REGISTRAR'S No. **195**

FILED JAN 8 1953

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 4097		REGISTRAR'S No. 195	
1. PLACE OF DEATH a. COUNTY CASS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JOHNSON			
b. CITY (If outside corporate limits, write RURAL and give township) HARRISONVILLE		c. LENGTH OF STAY (In this place) 2 WEEKS		c. CITY (If outside corporate limits, write RURAL and give township) ROSE HILL TOWNSHIP 0510		d. STREET ADDRESS (If rural, give location) MO. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION MEMORIAL Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) ROSCOA b. (Middle) BARKLEY c. (Last) BARKLEY				4. DATE OF DEATH (Month) (Day) (Year) 12-26-52			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT. 12, 1889	
9. AGE (In years last birthday) 63		10. AGE (In years last birthday) 63		11. BIRTHPLACE (City and State or Foreign Country) ROSEHILL TWP, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE		11. BIRTHPLACE (City and State or Foreign Country) ROSEHILL TWP, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME FRANK BARKLEY		13b. MOTHER'S MAIDEN NAME LEONA DOGGETT		14. NAME OF HUSBAND OR WIFE LETHA BARKLEY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. LETHA BARKLEY, ROSEHILL, MO			
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) Coronary Occlusion ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Decompensation DUE TO (c) Bronchial Asthma II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 Wks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 241X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min) m		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 1949 , to 12-26-1952 , that I last saw the deceased alive on 12-26-1952 , and that death occurred at 11:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edwards Jones M.D.				23b. ADDRESS Harrisonville, MO		23c. DATE SIGNED 12-26-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-28-1952		24c. NAME OF CEMETERY OR CREMATORY CENTERVIEW CEMETERY		24d. LOCATION (City, town, or county) (State) CENTERVIEW, MO.	
DATE REC'D BY LOCAL REG. Dec 28, 1952		REGISTRAR'S SIGNATURE Nora Barwood		25. FUNERAL DIRECTOR'S SIGNATURE E. B. East, Holden, MO		ADDRESS	

(Licensed Embalmer's 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

EPB Cast

Licensed Embalmer No. *4059*

P. O. Address *Holden, 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.