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

FILED JAN 13 1953

STANDARD CERTIFICATE OF DEATH

42538

State File No.

| | | | | | | | |
|---|--|---|---|--|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>150</u> | | PRIMARY REG. DIST. NO. <u>5572</u> | | Registrar's No. <u>220</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Prairie</u> | | c. LENGTH OF STAY (In this place) <u>7</u> days | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u> | | <u>0485</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>517 Ridgeway</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Rose</u> | | | b. (Middle) _____ | | | c. (Last) <u>Barker</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>December 9, 1952</u> | | | | | | | |
| 5. SEX <u>female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | | 8. DATE OF BIRTH <u>Dec. 11, 1877</u> | |
| 9. AGE (In years last birthday) <u>74</u> | | # UNDER 1 YEAR Months _____ Days _____ | | # UNDER 15 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u> | | | 11. BIRTHPLACE (State or foreign country) <u>Savannah, Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | | | |
| 13a. FATHER'S NAME <u>Nick Jackson</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Alice Cooper</u> | | | 14. NAME OF HUSBAND OR WIFE <u>R. H. Barker</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give unit or dates of service) <u>None</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Chris Barker</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| <p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Biliary Stasis</u> | | | | | <u>7 days</u> |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cholelithiasis</u> | | | | | |
| | | DUE TO (c) _____ | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u> <u>Acromegaly w/ Failure</u> | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>584 X</u> | | | | | 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.) | | 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 <u>12-2</u> , 19 <u>52</u> , to <u>12-9</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-9</u> , 19 <u>52</u> , and that death occurred at <u>11:01 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>John C. Blumenschein M.D.</u> | | | | 23b. ADDRESS <u>Independence, Mo</u> | | 23c. DATE SIGNED <u>9 Dec 52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12/11/52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery, Mo</u> | | 24d. LOCATION (City, town, or county) (State) <u>Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>Dec 9 1952</u> | | REGISTRAR'S SIGNATURE <u>Donald C. Earnshaw</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>George C. Carson</u> | | | |
| | | | | ADDRESS <u>Indep. Mo</u> | | | |

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Richard R. Francis

Licensed Embalmer No. 4863

P. O. Address Indy, MA

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.