

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8571

State File No.

FILED MAR 11 1953

BIRTH NO. REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 45-40 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Wayne</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenville</u> 1110	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) <u>WALTER</u>		a. (First) <u>E.</u> b. (Middle) <u>BARKS</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>2-27-53</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>2-7-1898</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Days <u>20</u> IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chemical Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>National Lead Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Johnathon Barks</u>		13b. MOTHER'S MAIDEN NAME <u>Lidia L. Lee</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Ellen Barks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>444-05-1532</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Ellen Barks</u> ADDRESS <u>Greenville 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; ashenia; etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage (Stroke)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>High blood pressure hard arterio</u> DUE TO (c) <u>Heart. Endocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 2-26-, 1953, to 2-26-, 1953, that I last saw the deceased alive on 2-26-, 1953, and that death occurred at 3 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John F. Wagner</u> (Degree or title)		23b. ADDRESS <u>Greenville Mo.</u>		23c. DATE SIGNED <u>3-5-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-1-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenville</u>	
24d. LOCATION (City, town, or county) (State) <u>Greenville Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bish Funeral Home</u> ADDRESS <u>Greenville Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3-6-53</u>		REGISTRAR'S SIGNATURE <u>Mabel Beasley</u>		34-1	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAR 9 1953

WAYNE CO. HEALTH CENTER

FILE NO. 353-11

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 _____

_____ *me* _____, Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed

Marvin E. Bowles

Licensed Embalmer No. *4426*

P. O. Address *Piedmont, 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.