

No. 300
10-48

FILED MAY 1 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44730
015200

State File No. 84
Registrar's No. 3028

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		State File No. 84		Registrar's No. 3028					
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Jasper									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage				c. LENGTH OF STAY (in this place) 50 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage 0493							
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital				d. STREET ADDRESS (If rural, give location) 1009 Clinton St 0									
3. NAME OF DECEASED (Type or Print) a. (First) JACOB			b. (Middle) FLOURNOY			c. (Last) BARKER			4. DATE OF DEATH (Month) (Day) (Year) April 21, 1953				
5. SEX 0 male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2		8. DATE OF BIRTH March 7, 1872		9. AGE (In years last birthday) 81		10. F UNDER 1 YEAR Months Days		11. F UNDER 6 Wks. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. insurance agent				10b. KIND OF BUSINESS OR INDUSTRY insurance				11. BIRTHPLACE (City and State or Foreign Country) Marionville, Mo		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME unknown				14. NAME OF HUSBAND OR WIFE Myrtle J. Clark Barker					
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. G.D. Corwin, 1903 River, Carthage, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis INTERVAL BETWEEN ONSET AND DEATH 2760 Unknown									
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 002 X				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)		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 11-22 1944, to 4-21, 1953, that I last saw the deceased alive on 4-21 1953, and that death occurred at 4:50p m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) MD						23b. ADDRESS Carthage, Mo			23c. DATE SIGNED 4-22-53				
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4-23-1953		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Mo							
DATE REC'D BY LOCAL REG. 4-22-53		REGISTRAR'S SIGNATURE 139 [Signature]				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo							

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

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RECEIVED 4-29-53
Jasper County Health Office

County File Number 53-4-364

Date Filed 4-29-53

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

Frank W. Kuehl

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.