

27446

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

43

No. 300
10-48

FILED AUG 4 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>340</u>		PRIMARY REG. DIST. NO. <u>6152</u>		Registrar's No. <u>43</u>		
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Liberty)</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Liberty)</u>		1030		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. #3, Dexter, Mo.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louise</u> b. (Middle) <u>Corlies</u> c. (Last) <u>Barker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 25, 1953</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 1, 1896</u>		
9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>24</u>		IF UNDER 1 HR. Hours <u>1</u> Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired School-teacher</u>			10b. KIND OF BUSINESS/OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Rockham, South Dakota</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>William John Corles</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Lidia Hagman</u>			14. NAME OF HUSBAND OR WIFE <u>E. C. Barker</u>		
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>-----</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Barbara Barker, Dexter, Mo. R. 3</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Carcinoma</u> ANTECEDENT CAUSES <u>Primary Lesions Liver</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>Jan 53</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>155x</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)		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>7-17-</u> 19 <u>53</u> , to <u>7-24-</u> 19 <u>53</u> , that I last saw the deceased alive on <u>7-23-</u> 19 <u>53</u> and that death occurred at <u>4:20</u> pm, from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>R. S. Rainey M.D.</u>				23b. ADDRESS <u>Dexter Mo.</u>		23c. DATE SIGNED <u>7-31-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-27-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sycamore</u>		24d. LOCATION (City, town, or county) (State) <u>R.F.D. #3, Dexter, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-1-53</u>		REGISTRAR'S SIGNATURE <u>Walter V. Jenkinson</u> <u>409</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Strickland-Rainey Dexter, Mo.</u>				

(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 _____



Licensed Embalmer No. _____

3474

P. O. Address _____



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.