

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1116

State File No.

FILED JAN 25 1954

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4221 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mound City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - South Union Township</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles South of Craig, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mound City Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Olive</u>	b. (Middle) <u>Sarah Jane</u>	c. (Last) <u>Barker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 17, 1954</u>
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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>August 25, 1875</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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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>In the home</u>	11. BIRTHPLACE (State or foreign country) <u>near Bigelow, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Martin Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Purlena Rowland</u>	13c. NAME OF HUSBAND OR WIFE <u>Samuel Barker</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Samuel Barker - Craig, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Vascular Renal Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>442X</u>
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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? _____
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22. I hereby certify that I attended the deceased from May, 1946, to Jan 17, 1954, that I last saw the deceased alive on Jan 17, 1954, and that death occurred at 9 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. Bruce McRae D.O.</u>	23b. ADDRESS <u>Mound City</u>	23c. DATE SIGNED <u>1/20/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>Jan. 20, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>	24d. LOCATION (City, town, or county) (State) <u>Craig Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-22-1954</u>	REGISTRAR'S SIGNATURE <u>Alvin Crawford</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilber L. Schoeler - Craig, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 1 1958

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 _____

myself
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed *Wilber L. Scholes*

Licensed Embalmer No. *3997*

P. O. Address *Craig, 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.