

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4202

State File No. ....

FILED MAR 1 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 107

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Dollinger</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Rural Whitewater<sup>0</sup></u>	
c. LENGTH OF STAY (In this place) <u>1 week</u>		d. STREET ADDRESS (If rural, give location) <u>2 1/2 mi. No. Sedgewickville</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Southeast Missouri Hosp</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LEO</u>	b. (Middle) <u>LILBURN</u>	c. (Last) <u>BARKS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 18 1954</u>
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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>May 8 1911</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>MATHIAS BARKS</u>	13b. MOTHER'S MAIDEN NAME <u>FELLOWS</u>	14. NAME OF HUSBAND OR WIFE <u>GLADYS BARKS</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 <u>MRS. LEO BARKS</u>	ADDRESS <u>Sedgewickville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Primary Refractory Anemia</u>		
	ANTECEDENT CAUSES 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. <u>Atelectasis both lungs</u>		5 days	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>2925</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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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2. I hereby certify that I attended the deceased from 29 Jan, 1954, to 18 Feb, 1954, that I last saw the deceased alive on 18 Feb, 1954, and that death occurred at 8 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE (In degrees or title) <u>W. O'Keefe, M.D.</u>	23b. ADDRESS <u>Cape Girardeau, Mo.</u>	23c. DATE SIGNED <u>20 Feb 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 20 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sedgewickville</u>	24d. LOCATION (City, town, or county) (State) <u>Sedgewickville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-23-54</u>	REGISTRAR'S SIGNATURE <u>G. G. Summers</u>	44-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>McCombes Funeral Home Co. Jackson, Mo.</u>	ADDRESS
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**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 Thos. K. Allen

Licensed Embalmer No. 40555

P. O. Address Jackson

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.