

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **7663**
 BIRTH NO. **FILED MAR 30 1954** REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **5636** Registrar's No. **58**

1. PLACE OF DEATH a. COUNTY AUDRAIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY AUDRAIN	
b. CITY OR TOWN RURAL WILSON	c. LENGTH OF STAY (In this place) 27 yrs.	c. CITY OR TOWN RURAL	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. THOMPSON, MO.		e. STREET ADDRESS (If rural, give location) R.F.D. THOMPSON, MO.	

3. NAME OF DECEASED (Type or Print) a. (First) PHILLIP b. (Middle) WADE c. (Last) BARKER			4. DATE OF DEATH (Month) (Day) (Year) MARCH 20, 1954		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 15, 1889	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECTION LABOR		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD		11. BIRTHPLACE (City and State or Foreign Country) PITTIS COUNTY, MO.	
13a. FATHER'S NAME SALOMAN BARKER			13b. MOTHER'S MAIDEN NAME SARAH PALMER		14. NAME OF HUSBAND OR WIFE BESSIE BARKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS BESSIE BARKER R.F.D. THOMPSON MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Deceased fell dead untended by a physician while at work at home in the garden with his wife. The deceased had been attended in the past by Dr. J. C. Jones of Mexico, Mo. And that he suffered from a heart and kidney trouble Angenia and Hypertention No evidence of violence or ANTECEDENT CAUSES Due to (b) Mexico, Mo. And that he suffered from a heart and kidney trouble Angenia and Hypertention No evidence of violence or II. OTHER SIGNIFICANT CONDITIONS heart and kidney trouble Angenia and Hypertention No evidence of violence or		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION Toul play or poison Cause of death A heart condition Hypertention		AUTOPSY? 443X YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) THOMPSON, MISSOURI
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? NONE

I hereby certify that I attended the deceased from **MARCH 20, 1954**, and that death occurred at **12 A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. C. Adams, M.D. 3rd Coroner	23b. ADDRESS MEXICO, MO.	23c. DATE SIGNED 3/20/54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/22/54	24c. NAME OF CEMETERY OR CREMATORY HOPEWELL CEMETERY
24d. LOCATION (City, town, or county) (State) AUDRAIN COUNTY, MO.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Blanche Neely 75

DATE REC'D BY LOCAL REG. **Mar 22-54**

(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.....
Signature of Student Embalmer

Signed *Earl E. Pugh*.....

Licensed Embalmer No. 31

P. O. Address MEXICO, 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 embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.
If this body is not embalmed, fact should be so stated above.