No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7915

BIRTH NO. FILED MAR 29 1954 REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 86

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

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (in this place): 1 WK
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CALLAWAY
c. CITY OR TOWN: FULTON 0143
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): DORMATORY (EMPLOYE) STATE HOSP

3. NAME OF DECEASED (Type or Print)
a. (First): George ~~Barker~~
b. (Middle): DUTTON
c. (Last): BARKER

4. DATE OF DEATH (Month) (Day) (Year): March 20 1954

5. SEX: male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: Dec 20, 1885
9. AGE (In years last birthday): 68 — 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): Attendent at hospital
10b. KIND OF BUSINESS OR INDUSTRY: HOSPITAL
11. BIRTHPLACE (City and State or Foreign Country): CALLAWAY COUNTY MO 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: John W BARKER
13b. MOTHER'S MAIDEN NAME: ELIZABETH DUTTON
14. NAME OF HUSBAND OR WIFE: DK.

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.: 498-09-6583
17. INFORMANT'S SIGNATURE OR NAME: State Hosp Records — ADDRESS: Fulton 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid 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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4222
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 12, 19 54 *to* Mar 20, 19 54, *that I last saw the deceased alive on* Mar 20, 19 54, *and that death occurred at* 8:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] L. C. Kepler M.D.
23b. ADDRESS: State Hospital #1, Fulton, Mo.
23c. DATE SIGNED: 3/20/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3/22/54
24c. NAME OF CEMETERY OR CREMATORY: CALLAWAY MEM GARD
24d. LOCATION (City, town, or county) (State): FULTON NIO

DATE REC'D BY LOCAL REG.: Mar. 27-1954
REGISTRAR'S SIGNATURE: Maretta Lawrence 4-26-0
25. FUNERAL DIRECTOR'S SIGNATURE: Maupin — ADDRESS: Fulton Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed J. D. Posson

Licensed Embalmer No. 255

P. O. Address Fulton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.