

FILED APR 19 1954.

STANDARD CERTIFICATE OF DEATH

 State File No. **14651**
 Registrar's No. **29**

BIRTH NO. _____		REG. DIST. NO. 352		PRIMARY REG. DIST. NO. 6193		Registrar's No. 29	
1. PLACE OF DEATH a. COUNTY Taney				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Taney			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ridgedale		c. LENGTH OF STAY (In this place) 8yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ridgedale		1060	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED a. (First) John (Type or Print)			b. (Middle) L.		c. (Last) Barker		4. DATE OF DEATH (Month) (Day) (Year) 4-4-54
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/8/1872		9. AGE (In years) 81	IF UNDER 1 YEAR Months Days	IF UNDER 100 HRS. Hours Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) 0 Galena, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Barker			13b. MOTHER'S MAIDEN NAME Adeline Mc Dowell		14. NAME OF HUSBAND OR WIFE Katherine Barker		
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.		17. INFORMANT'S SIGNATURE OR NAME Katherine Barker			ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) Hypertension					
		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 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)		331X	
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?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ a. m., from the causes and on the date stated above.							
23a. SIGNATURE <i>[Signature]</i>				(Degree or title)		23b. ADDRESS Harrison, Arkansas	23c. DATE SIGNED 4-12-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/6/54	24c. NAME OF CEMETERY OR CREMATORY Omaha Cemetery		24d. LOCATION (City, town, or county) (State) Omaha, Arkansas		
DATE REC'D BY LOCAL REG. 4-16-54		REGISTRAR'S SIGNATURE <i>[Signature]</i>			25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) L.C. Holt - Harrison, Ark.		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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

J. C. Helt

Licensed Embalmer No. *919 (only)*

P. O. Address *Harrison, Ark*

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.