

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1955

State File No. ....

MADE FILED  
FILED JUN 29 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY OR TOWN <u>Hemansville</u>		c. CITY OR TOWN <u>Bolivar</u>	
c. LENGTH OF STAY (In this place) <u>4 wks</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>George Dammett Hospital</u>		STREET ADDRESS (If rural, give location) <u>S. Mulberry St. 6841</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William Jesse</u> b. (Middle) _____ c. (Last) <u>Barker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 17 1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 7 1875</u>
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Dealer Real Estate</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lafayette Co Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>W. W. Barker</u>	
13b. MOTHER'S MARDEN NAME <u>Lurmelia Patton</u>		14. NAME OF HUSBAND OR WIFE <u>Katie Barker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Katie Barker</u>		ADDRESS <u>Bolivar Mo</u>	

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) <u>Carcinoma of Urinary Bladder</u>		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.  <u>181X</u>		

19a. DATE OF OPERATION <u>5/27/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma in Bladder. Urinary Retention</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 5/22, 1954, to 6-17, 1954, that I last saw the deceased alive on 6-17, 1954, and that death occurred at 5:55 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. L. Robinson MD</u>		(Degree or title)		23b. ADDRESS <u>Hemansville, Mo</u>		23c. DATE SIGNED <u>6/21/54</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 20/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bolivar Mo</u>
DATE REC'D BY LOCAL REG. <u>6-24-1954</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Green &amp; Blue</u>		ADDRESS <u>Bolivar Mo</u>

No. 300 10.48 0840 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 413

P. O. Address Bolivia

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.