No. 300
10.48

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29779

State File No.

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5113 Registrar's No. 59

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. COUNTY *Bollinger*		a. STATE *Missouri* b. COUNTY *Bollinger*
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Rural - Union Township*	c. LENGTH OF STAY (in this place) *4 yrs.*	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Rural - Union Township*
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) *16 mi. S.E. of Fredericktown*		d. STREET ADDRESS (If rural, give location) *16 mi. S.E. of Fredericktown* 0040

3. NAME OF DECEASED (Type or Print) a. (First) *Frances* b. (Middle) *Elizabeth* c. (Last) *Barker*	4. DATE OF DEATH (Month) *9* (Day) *18* (Year) *1954*

5. SEX *Female*	6. COLOR OR RACE *White*	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) *Widowed*	8. DATE OF BIRTH *June 6, 1866*	9. AGE (In years last birthday) *88*	IF UNDER 1 YEAR Months *3* Days *12*	IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Housewife*	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) *Bollinger Co. Mo.*	12. CITIZEN OF WHAT COUNTRY? *U.S.A.*

13a. FATHER'S NAME *Joel Myers*	13b. MOTHER'S MAIDEN NAME *Sarah Deck*	14. NAME OF HUSBAND OR WIFE *G. T. Barker (Deceased)*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) *No*	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) *None*	17. INFORMANT'S SIGNATURE OR NAME *Mrs. Marvin Reagan* ADDRESS *Patton, Mo.*

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).	MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Chronic myocarditis*	*2 years*
*This does not mean the mode of dying, such as heart failure, asthenia, 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) _____ 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 ☐ 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 _____, 19___, to _____, 19___, that I last saw the deceased alive on *9/15/54*, 19___, and that death occurred at *2:30 P* m., from the causes and on the date stated above.

23a. SIGNATURE *Marvin Grossman* (Degree or title) *MD*	23b. ADDRESS *Fredericktown, Mo*	23c. DATE SIGNED *9/21/54*

24a. BURIAL, CREMATION, REMOVAL (Specify) *9/20/54*	24b. DATE *9/20/54*	24c. NAME OF CEMETERY OR CREMATORY *Pine Union*	24d. LOCATION (City, town, or county) (State) *Bollinger County, Mo.*

DATE REC'D BY LOCAL REG. *Sept. 23 54*	REGISTRAR'S SIGNATURE *Tillie Vandenburgh* 25-0	25. FUNERAL DIRECTOR'S SIGNATURE *T. Adamson* ADDRESS *Fredericktown, Mo.*

(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 ....
Student Embalmer

Signed *Raymond Wilson*

Licensed Embalmer No. *4884*

P. O. Address *Fredericton,*

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.