

FILED JAN 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43176

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 174

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington Twp
c. LENGTH OF STAY (If in this place) 27-6-25
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #3
e. CITY OR TOWN Keosauqua
f. STREET ADDRESS (If rural, give location) Rural 0070
g. COUNTY Bates
h. Is Residence within limits of a city or incorporated town? Yes No

3. NAME OF DECEASED
a. (First) Frank b. (Middle) C c. (Last) Barkeley
4. DATE OF DEATH (Month) (Day) (Year) 12-25-54

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 5-17-1877 9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months 7 Days 16 IF UNDER 2 HRS. Hours 1 Min.

10a. USUAL OCCUPATION (Give kind of work done in present or working life, even if retired) Farming 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) Keosauqua Mo 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Donnal Barkeley 13b. MOTHER'S MAIDEN NAME Rebecca Barkeley 14. NAME OF HUSBAND OR WIFE Jemie Barkeley

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

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic heart disease
*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
MORIBUND 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) 4200

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 6-1-1946 to 12-25-1954, that I last saw the deceased alive on 12-24-54, and that death occurred at 5:30 AM, from the causes and on the date stated above.

23a. SIGNATURE J. M. Bennett (Degree of title) _____ 23b. ADDRESS State Hospital #3 23c. DATE SIGNED 12-25-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12-26-54 24c. NAME OF CEMETERY OR CREMATORY Oakhill Vern. 24d. LOCATION (City, town, or county) (State) Butler Mo

DATE REC'D BY LOCAL REG. 12-28-54 REGISTRAR'S SIGNATURE Anna E. Ferrys 451 FUNERAL DIRECTOR'S SIGNATURE John G. Underwood ADDRESS Butler Mo

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 *John G. Underata*.....
Licensed Embalmer No. *358*
P. O. Address *Butler*.....

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.