No. 300
10.48

FILED JAN 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1491

State File No.

BIRTH NO. REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5584 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY Jasper 0490 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mc Donald Township
c. LENGTH OF STAY (in this place) 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Log City Camp Hy 66

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jasper
c. CITY OR TOWN Carthage
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) Fair Acres Rest Home 0493 1

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Oscar c. (Last) Barker
4. DATE OF DEATH (Month) (Day) (Year) 1-13-1955
5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH 5-1-1900
9. AGE (In years last birthday) 54 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) Cook
10b. KIND OF BUSINESS OR INDUSTRY Cooking
11. BIRTHPLACE (City and State or Foreign Country) North Augusta, South Carolina
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unk
17. INFORMANT'S SIGNATURE OR NAME County Records ADDRESS Jasper County, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BURNS - FATAL

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) CONFLAGRATION -

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* E9160 16

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) JASPER (STATE) MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1-15-55 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? FELL ASLEEP WITH CIGARETTE IN BED CAUGHT ON FIRE

22. *I hereby certify that I attended the deceased from* (DID NOT ATTEND), 19___, *that I last saw the deceased alive on* ____, 19___, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Wm Clement MD Coroner per County Just Dist 2 Beg
23b. ADDRESS
23c. DATE SIGNED 1-15-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-17-1955
24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
24d. LOCATION (City, town, or county) (State) Carthage, Missouri

DATE REC'D BY LOCAL REG. 1-15-55
REGISTRAR'S SIGNATURE Ely Clinton 139 d
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

County ...
Date Filed JAN 20 1933

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 William B. Cam

Licensed Embalmer No. 48

P. O. Address Carthag

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.