

FILED JUL 11 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 17943

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 275

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Cape Girardeau</i>	
b. CITY (If outside corporate limits write RURAL and give township) <i>Cape Girardeau</i>		c. CITY (If outside corporate limits write RURAL and give township) <i>Daisy</i> 01.60	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Southeast Mo Hospital</i>		d. STREET ADDRESS <i>Applescott Township</i>	

3. NAME OF DECEASED a. (First) <i>DAVID</i> b. (Middle) <i>C.</i> c. (Last) <i>BARKS</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>July 4, 1955</i>		
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5. SEX <i>male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>Sept 26, 1888</i>		9. AGE (If years last birthday) <i>66</i>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hour Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <i>Helderbrand Mo</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
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13a. FATHER'S NAME <i>Cabin Barks</i>			13b. MOTHER'S MAIDEN NAME <i>Barbara Seabaugh</i>			14. NAME OF HUSBAND OR WIFE <i>Nora Fahn Barks</i>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME - ADDRESS <i>Nora Fahn Barks Daisy Mo.</i>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <i>176</i>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thrombosis</i>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cerebral Artery Sclerosis</i>				4201	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Hypertension Arterio Sclerosis</i>		DUE TO (c)					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from *1902*, 19*52*, to *7/4*, 19*55*, that I last saw the deceased alive on *7/5, 1955*, and that death occurred at *1:15 pm.*, from the causes and on the date stated above.

23a. SIGNATURE <i>C. Seabaugh Mo.</i>		23b. ADDRESS <i>Cape Girardeau Mo.</i>		23c. DATE SIGNED <i>7/5/55</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>July 6, 1955</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Sargents Chapel</i>		24d. LOCATION (City, town, or county) (State) <i>near Sedgewickville Mo.</i>	
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DATE REC'D BY LOCAL REG. <i>7-9-55</i>		REGISTRAR'S SIGNATURE <i>W. C. Summers</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. Miller</i>		ADDRESS <i>Jackson Mo.</i>	
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 26 1958

**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..... *Lynnae Steele*

Licensed Embalmer No. *2476*

P. O. Address..... *Jackson Ms*

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.