

FILED AUG 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21757**

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 654-A			
1. PLACE OF DEATH a. COUNTY Green				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) 3 weeks		c. CITY OR TOWN Osceola		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital				e. STREET ADDRESS (If rural, give location) 0930/					
3. NAME OF DECEASED (Type or Print) a. (First) Walter			b. (Middle) L.		c. (Last) Barker		4. DATE OF DEATH (Month) (Day) (Year) July 28 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 8, 1908		9. AGE (In years last birthday) 46 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist			10b. KIND OF BUSINESS OR INDUSTRY Dental		11. BIRTHPLACE (City and State or Foreign Country) Osceola Missouri			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME W.S. Barker			13b. MOTHER'S MAIDEN NAME Dora Bassett			14. NAME OF HUSBAND OR WIFE Louise Barker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW# 2			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Louise Barker, Osceola Missouri ADDRESS				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia ANTECEDENT CAUSES DUE TO (b) Tracheotomy and dual cardiac arrest DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Adenocarcinoma colon Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 3 days 3 weeks 6 months	
19a. DATE OF OPERATION 7/4/55		19b. MAJOR FINDINGS OF OPERATION Patient had cardiac arrest with cerebral anoxia						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 July 3, 1955 , to July 28, 1955 , that I last saw the deceased alive on July 27, 1955 , and that death occurred at 8:00 a. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Edward G. Hall M.D.				23b. ADDRESS 1211 S. Glenstone, Springfield Missouri			23c. DATE SIGNED 8/2/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-30-55		24c. NAME OF CEMETERY OR CREMATORY Osceola		24d. LOCATION (City, town, or county) (State) Osceola Missouri			
DATE RECD BY LOCAL REG. 8/3/55		REGISTRAR'S SIGNATURE Edith Wellman			25. FUNERAL DIRECTOR'S SIGNATURE James Home Osceola Mo ADDRESS				

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

MS DEC 4 1959

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 *J.B. Goodrich*

Licensed Embalmer No. *303*

P. O. Address *Osceola*

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.