

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOLDEN</u>		c. CITY OR TOWN <u>HOLDEN</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 YRS</u>		e. STREET ADDRESS (If rural, give location) <u>SOUTH PINE ST 6510</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SOUTH VINE ST</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE WILLARD</u> b. (Middle) <u>BARKER</u> c. (Last) <u>BARKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 20 1955</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>DIVORCED</u>	8. DATE OF BIRTH <u>MARCH 17 1880</u>	9. AGE (In years last birthday) Months Days <u>75 4 3</u>	IF UNDER 14 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ODESSA MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>JOHN HEDRICK BARKER</u>	13b. MOTHER'S MAIDEN NAME <u>MALISSA HOOPER</u>	14. NAME OF HUSBAND OR WIFE <u>MOLLIE F. BARKER</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>DOROTHY BROWN</u> ADDRESS <u>HOLDEN MO</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Prostate</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>177X</u>			

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) m.	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 Jan 1, 1955, to July 20, 1955, that I last saw the deceased alive on July 19, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. W. Howland</u>	23b. ADDRESS <u>Holden, Mo</u>	23c. DATE SIGNED <u>7-22-55</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JULY 24 '55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BARKER CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ODESSA MO</u>
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DATE REC'D BY LOCAL REG. <u>July 22, 1955</u>	REGISTRAR'S SIGNATURE <u>Mrs G. O. Radford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Conaway & Kopp</u> ADDRESS <u>Holden Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
JUL 25 1953
RECEIVED

JOHNSON COUNTY HEALTH

AUG 9 1953

2254-1111

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 *M J Casady*

Licensed Embalmer No. *343*

P. O. Address *Holden*

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.