

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33016

State File No. _____

FILED NOV 7 1955

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3425</u>		Registrar's No. <u>91</u>	
1. PLACE OF DEATH a. COUNTY <u>Lumpkin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Haskell</u>			
b. CITY OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (in days) <u>184</u>		c. CITY OR TOWN <u>West Plains</u>		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION ☒				e. STREET ADDRESS (If rural, give location) <u>114 W. Cleveland</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wm</u> b. (Middle) <u>Eli</u> c. (Last) <u>Barks</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>10-25-1955</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>12-18-1905</u>	
9. AGE (In years) <u>49</u>		10. MONTHS <u>10</u>		11. DAYS <u>7</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (If we kind of work done during most of working life, even if retired) <u>Railroad conductor</u>				10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (City and State or Foreign Country) <u>Replay Co. Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Geo. St. Barks</u>				13b. MOTHER'S MAIDEN NAME <u>J. Wilson</u>			
14. NAME OF HUSBAND OR WIFE <u>Pearl Barks</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ☒			
16. SOCIAL SECURITY NO. <u>339-185405</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Barks</u> ADDRESS <u>West Plains Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, Right Lung</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma, Right Lung</u> DUE TO (c) <u>Gastric Cancer</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obstructive Pulmonary Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>			
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) _____			
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 <u>6-10-23, 1954</u> to <u>10-25, 1955</u> , that I last saw the deceased alive on <u>10-23, 1955</u> , and that death occurred at <u>12:30</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Jack P. Wilson, M.D.</u> (Degree or title) <u>West Plains Mo</u>				23b. ADDRESS <u>11-4-55</u>			
23c. DATE SIGNED _____				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>10-27-55</u>			
24b. DATE <u>10-27-55</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>			
24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert M. Martin</u> ADDRESS <u>Mo</u>			
DATE REC'D BY LOCAL REG. <u>11-4-55</u>				REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>			

(Licensed Embalmer's Statement on Reverse Side)

DEC 30 1955

9961 17 1955
JAN 17 1956

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 *S. S. Roberts*

Licensed Embalmer No. *34*

P. O. Address *West Haven*

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.