

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2134

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5836 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give town) Rural- Neosho		c. CITY (If outside corporate limits, write RURAL and give township) Seneca	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Smith Rest Home			

3. NAME OF DECEASED a. (First) George b. (Middle) Isaac c. (Last) Barker			4. DATE OF DEATH (Month) (Day) (Year) Jan. 8, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 20, 1879	9. AGE (In years last birthday) 76	10. CITIZENSHIP (If under 18, specify) U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Newton County Missouri	

13a. FATHER'S NAME Thomas Benton Barker	13b. MOTHER'S MAIDEN NAME Florence Clarissa Lowe	14. NAME OF HUSBAND OR WIFE Mary Ellen Barker
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. G.I. Barker, Seneca Mo.	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyelonephritis		INTERVAL BETWEEN ONSET AND DEATH 4 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 6000		

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) (Min)	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 **12-10, 1955** to **1-8, 1956**, that I last saw the deceased alive on **1-8, 1956**, and that death occurred at **8:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Melvin C. Bowma (Degree or title)	23b. ADDRESS 420 W. Sherman St. Neosho Mo	23c. DATE SIGNED 1-28-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-10-1956	24c. NAME OF CEMETERY OR CREMATORY Sparlin	24d. LOCATION (City, town, or county) (State) Seneca Missouri
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DATE REC'D BY LOCAL REG. 2-2-56	REGISTRAR'S SIGNATURE Melvin C. Bowma	25. FUNERAL DIRECTOR'S SIGNATURE Hutching Funeral Home	ADDRESS Miami Okla.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. _____
District File Number _____
Date Filed **FEB 10 1956**

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

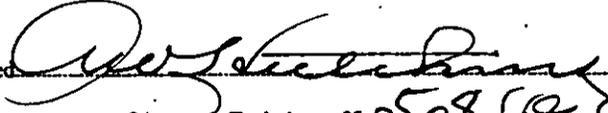
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. **508 (OK)**

P. O. Address **15-A 7th St. Neosho, Mo.**

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.