

FILED MAY 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15241

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 6139 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbyville		c. CITY OR TOWN Shelbina		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pleasant Hill		d. STREET ADDRESS (If outside, give location) 4 Days		
3. NAME OF DECEASED (Type or print) First Leona Middle Tabhia Last Barker		4. DATE OF DEATH Month April Day 30 Year 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 10, 1877	
9. AGE (In years last birthday) 78		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		
11. BIRTHPLACE (City and state or country) Shelby County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John Mills Nelson Eskridge		14. MOTHER'S MAIDEN NAME Mary Harriet Campbell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		
17. INFORMANT Mr. Richard Barker, Hunnewell, Mo.		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis & hypertension DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Malnutrition & senile dementia				INTERVAL BETWEEN ONSET AND DEATH time of death several years
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from Jan 8, 1955 to April 30 and last saw her alive on April 30, 1956 Death occurred at 8:30 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE Gladius D. O. Shelbina, Mo.		22b. ADDRESS Shelbina, Mo.		
22c. DATE SIGNED May 11, 1956				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 2, 1956		
23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery		23d. LOCATION (City, town, or county). Shelby County, Mo.		
24. FUNERAL DIRECTOR E. Hayes		25. DATE REC'D. BY LOCAL REG. 5-2-1956		
26. REGISTRAR'S SIGNATURE Ada Garrison				

(Licensed Embalmer's Statement on Reverse Side)

MAY 18 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Paul E. Hayes

Licensed Embalmer No..... 440

P. O. Address Shelbina

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.