

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 27 1956

State File No. **36959**

Registrar's No. **237**

BIRTH NO. _____		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 5033		Registrar's No. 237	
1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain			
b. CITY (If outside corporate limits, write RURAL, and give township) Rural, Loutre		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Benton City		d. Is residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. Benton City				e. STREET ADDRESS (If rural, give location) R.F.D. 0040			
3. NAME OF DECEASED (Type or Print) a. (First) Samuel		b. (Middle) B.		c. (Last) Barker		4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 22, 1876	
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) farmer		11. BIRTHPLACE (City and State or Foreign Country) Benton City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Benton City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Barker		13b. MOTHER'S MAIDEN NAME Louretta Cox		14. NAME OF HUSBAND OR WIFE Lena Barker			
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 Paul Barker ADDRESS Benton City, Mo.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Hemiplegia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Atherosclerosis				INTERVAL BETWEEN ONSET AND DEATH 37 hours 3 years 5 years 5 years	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 443x			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? none			
22. I hereby certify that I attended the deceased from 2/6, 1951 , to 11/21, 1956 , that I last saw the deceased alive on 11/21, 1956 and that death occurred at 8:15 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Deceased or title) Thos. T. Swyer, M.D.				23b. ADDRESS Mexico, Mo.		23c. DATE SIGNED 11/23/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 23, 56		24c. NAME OF CEMETERY OR CREMATORY Benton City		24d. LOCATION (City, town, or county) (State) Benton City, Mo.	
DATE REC'D BY LOCAL REG. Nov 23 1956		REGISTRAR'S SIGNATURE Blanche Neely		FURNERAL DIRECTOR'S SIGNATURE Orchard-Houston		ADDRESS Mexico, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

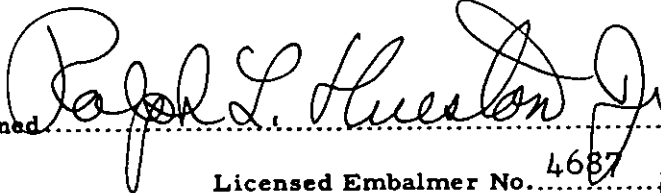
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STATEMENT BY LICENSED EMBALMER

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 
Licensed Embalmer No. 4687

P. O. Address Mexico, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.