

Health, Welfare and Public Service  
 300-1-56  
 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

20681  
 STATE FILE NUMBER  
 Registrar's No. 524c

FILED JUL 1 1957  
 38447-57

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>						
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) <b>Burge Hospital</b>			Length of stay in 1b <b>4 hrs</b>		d. STREET ADDRESS (If outside, give location) <b>3321 Wayne</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>CHRISTINE BARKER</b>				4. DATE OF DEATH <b>June 4, 1957</b>						
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>June 3, 1957</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours <b>4</b> Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <b>0</b>		11. BIRTHPLACE (City and state or country) <b>Springfield, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13. FATHER'S NAME <b>Dudley Barker</b>				14. MOTHER'S MAIDEN NAME <b>Thelma C. Epps</b>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT <b>Dudley Barker</b> 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) <b>Foetal Atelectasis</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Imaturity</b> DUE TO (c) <b>Premature labor</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH			
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.)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)					20e. CITY, TOWN, OR LOCATION <b>Springfield, Missouri</b>	20f. COUNTY <b>Douglas</b>	20g. STATE <b>Missouri</b>
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21. I attended the deceased from <b>June 3, 1957</b> to <b>June 4, 1957</b> and last saw <sup>her</sup> / <sub>him</sub> alive on _____ Death occurred at <b>2:40</b> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					22a. SIGNATURE (Degree or title) <b>Earl W. Russell, M.D.</b>	22b. ADDRESS <b>Springfield, Missouri</b>	22c. DATE SIGNED <b>6/11/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6/5/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Goodhope Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Douglas County, Missouri</b>					
24. FUNERAL DIRECTOR <b>Clinkingbeard Funeral Home, Ava, Missouri</b>				25. DATE RECD. BY LOCAL REG. <b>6-25-57</b>		26. REGISTRAR'S SIGNATURE <b>Edith Williamson</b>				

STATEMENT BY LICENSED EMBALMER

*Body not embalmed at request of family*

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.....

P. O. Address.....

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.