

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH25608
State File No. *274*

FILED JUL 22 1957

BIRTH NO. _____		REG. DIST. NO. <i>274</i>		PRIMARY REG. DIST. NO. <i>3052</i>		Registrar's No. <i>305</i>	
1. PLACE OF DEATH a. COUNTY <i>Pettis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Pettis</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Sedalia</i>		c. LENGTH OF STAY (In this place) <i>40 yrs</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Sedalia</i>		<i>08040</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sedalia Rest Home</i>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <i>Gus</i>		b. (Middle)		c. (Last) <i>Barker</i>	
4. DATE OF DEATH		(Month) <i>7</i>		(Day) <i>13</i>		(Year) <i>1957</i>	
5. SEX <i>M</i>		6. COLOR OR RACE <i>N</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never married</i>		8. DATE OF BIRTH <i>4-5-1869</i>	
9. AGE (In years last birthday) <i>88</i>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cook</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>UNKNOWN</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>UNKNOWN</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>UNKNOWN</i>		13b. MOTHER'S MAIDEN NAME <i>UNKNOWN</i>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
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) <i>Coronary Occlusion</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic myocarditis</i> DUE TO (c) <i>Arteriosclerosis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Irregularly irregular</i>				INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>3 yrs</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>4201</i>				20. AUTOPSY? <i>2</i> 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) (Min.)		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 <i>Mar 31, 1955</i> to <i>7-12-1957</i> , that I last saw the deceased alive on <i>7-13-1957</i> , and that death occurred at <i>5:30 p.m.</i> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>A. R. Madison M.D.</i>		23b. ADDRESS <i>Sedalia</i>		23c. DATE SIGNED <i>7-16-57</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>7-17-57</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Glenwood</i>		24d. LOCATION (City, town, or county) (State) <i>Sedalia Pettis Mo</i>	
DATE REC'D BY LOCAL REG. <i>7-16-57</i>		REGISTRAR'S SIGNATURE <i>Frances Shelby</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>F. S. Ferguson</i>		ADDRESS <i>Sedalia Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

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. 4220

P. O. Address Marshall, 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.