...t. Health, ..., & Welfare ...S. Public ...lth Service

...S. 300 ...v. 1-57

FILED AUG 27 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27464

STATE FILE NUMBER

Registration District No. 32 Primary Registration District No. 5115 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY Bollinger
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedgewickville — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Bollinger
c. CITY OR TOWN Sedgewickville — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First Alice Middle Jane Last Barks

4. DATE OF DEATH Month August Day 2 Year 1957

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH Aug 4 1877
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. 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
11. BIRTHPLACE (City and state or country) Perry County
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jess Meyer
13b. MOTHER'S MAIDEN NAME Nancy Murray
14. NAME OF HUSBAND OR WIFE Joseph Barks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Earl Barks of Perryville Address Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of liver.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1561
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 Dec 1st 1956, to Aug 2nd 1957 and last saw her alive on Aug 1st 1957
Death occurred at 5 A m on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title) Edw. Crites M.D.
22b. ADDRESS Sedgewickville Mo.
22c. DATE SIGNED Aug 4th 57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug 4 1957
23c. NAME OF CEMETERY OR CREMATORY Crossroads
23d. LOCATION (City, town, or county) Crossroad (State) Missouri

24. FUNERAL DIRECTOR ADDRESS Young & Sons Perryville Mo.
25. DATE RECD. BY LOCAL REG. 8/20/57
26. REGISTRAR'S SIGNATURE Mrs. Buford Crader

(Licensed F... ...de)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 Everette Young

Licensed Embalmer No. 2138

P. O. Address Berryville Ark

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.