

FILED AUG 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30653

BIRTH NO. _____		REG. DIST. NO. <u>874</u>		PRIMARY REG. DIST. NO. <u>4547</u>		Registrar's No. <u>32</u>	
1. PLACE OF DEATH a. COUNTY <u>Worth</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City</u> c. LENGTH OF STAY (in this place) <u>62 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City, Missouri</u> d. STREET ADDRESS (If rural, give location) <u>#308</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fannie P</u> b. (Middle) <u>Pearl</u> c. (Last) <u>Barker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 16, 1957</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 16, 1881</u>		9. AGE (in years last birthday) <u>76</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Grant City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>John Freeman</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Trump</u>	
14. NAME OF HUSBAND OR WIFE <u>Roy Barker</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Maxine Palmer - Memphis, Missouri</u>	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL ANOXEMIA</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>MYOCARDIAL CORONARY OCCLUSION</u> DUE TO (c) <u>ATHEROSCLEROSIS (DIABETIC)</u> II. OTHER SIGNIFICANT CONDITIONS <u>CARDIAC DECOMPENSATION</u>		20. INTERVAL BETWEEN ONSET AND DEATH <u>None</u> <u>3 wks</u>		21. AUTOPSY? YES ☐ NO ☒	
22. DATE OF OPERATION <u>260X</u>		23. MAJOR FINDINGS OF OPERATION <u>260X</u>		24. ACCIDENT SUICIDE HOMICIDE (Specify) _____		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
26. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) _____		27. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		28. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		29. HOW DID INJURY OCCUR? _____	
30. I hereby certify that I attended the deceased from <u>MAY</u> , 1957, to <u>Aug 16</u> , 1957, that I last saw the deceased alive on <u>Aug 15</u> , 1957, and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.				31. SIGNATURE (Degree or title) <u>Richard A. Smith D.O.</u>		32. ADDRESS <u>Grant City, Mo.</u>	
33. DATE SIGNED <u>8-17-57</u>		34. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		35. DATE <u>Aug. 18, 1957</u>		36. NAME OF CEMETERY OR CREMATORY <u>Grant City Cemetery</u>	
37. LOCATION (City, town, or county) (State) <u>Grant City, Missouri</u>		38. DATE REC'D BY LOCAL REG. <u>8-19-1957</u>		39. REGISTRAR'S SIGNATURE <u>Leta E. Dawson</u>		40. FUNERAL DIRECTOR'S SIGNATURE <u>Bill A. Dunfee</u>	
41. ADDRESS <u>Grant City, Mo.</u>		42. (Licensed Embalmer's Statement on Reverse Side)		43. _____		44. _____	

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

SEP 2 1958

OCT 23 1957

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 Bill A. Dunfee

Licensed Embalmer No. 4908

P. O. Address West City

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.