

Health, Welfare
Public
Service

300
1-57
114

ALL diseases in Part I must be causally related.

Doctor, Curator, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

FILED OCT 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34671

STATE FILE NUMBER

Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Mountain Grove</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Mtn. Grove</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) <u>949 E. Doris</u>			Length of stay in 1b <u>15 Yrs</u>	d. STREET ADDRESS (If outside, give location) <u>949 E. Doris</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Earl</u> Middle <u>Emerson</u> Last <u>Barkley</u>				4. DATE OF DEATH Month <u>Sept.</u> Day <u>24</u> Year <u>1957</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>6/21/1908</u>		9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>State Trooper - Hwy. Patrol</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Osage City, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Gus Barkley</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Rogers</u>			14. NAME OF HUSBAND OR WIFE <u>Edna Barkley</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>492-368653</u>		17. INFORMANT Address <u>Mrs Edna Barkley - Mtn. Grove, Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cancer of Kidney & Liver</u>							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b)		DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) <u>180X</u>					
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
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 <u>Sept. 23 - 1957</u> , to <u>Sept. 24 - 1957</u> and last saw ^{him} alive on <u>Sept. 23 - 1957</u> Death occurred at <u>1:00 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>[Signature]</u> (Degree or title)				22b. ADDRESS <u>Mtn. Grove Mo.</u>		22c. DATE SIGNED <u>9-25-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)		
<u>Burial</u>		<u>9/26/1957</u>	<u>Hill Cross Cemetery</u>			<u>Mtn. Grove, Missouri</u>		
24. FUNERAL DIRECTOR <u>Barber F. Home - Mtn. Grove, Mo</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>9-28-57</u>		25. REGISTRAR'S SIGNATURE <u>A.E. Ames</u>		

OCT 8 1957

OCT 27 1957

RECEIVED 10-1-57
WRIGHT CO. HEALTH DEPT.
County File Number 1057-108
Date Filed 10-7-57

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 *George Stapp*

Licensed Embalmer No. *3161*
P. O. Address *Mr. Brown, MD*

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.