

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2532

FILED JAN 28 1958

STATE FILE NUMBER

Registration District No. 316

Primary Registration District No. 3061

Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bollinger</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR Flat River Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Marble Hill</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Cunningham Nurs. Hm.</b> Length of stay in 1b <b>3 Mo.</b>		d. STREET ADDRESS (If outside, give location) <b>R F D</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Edward</b> Middle <b>Bohriam</b> Last <b>Barks</b>			4. DATE OF DEATH <b>Jan. 14, 1958</b> Month Day Year		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar. 28, 1878</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Day Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Bollinger County, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Eli Barks</b>			14. MOTHER'S MAIDEN NAME <b>Margaret McJimsey</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>---</b>	17. INFORMANT <b>Beecher Long, Desloge, Missouri</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>Uremic Poisoning</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3-4 days</b> <b>5-6 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Pneumonia - Influenza</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"/> <b>2</b>

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.)
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	

20d. INJURY OCCURRED WHILE AT <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 <b>Jan 1-58</b> to <b>Jan 14-58</b> and last saw <sup>her</sup> <b>him</b> alive on <b>Jan 13-58</b> . Death occurred at <b>1:00 P</b> m on the date stated above; and to the best of my knowledge from the causes stated.		

22a. SIGNATURE (Degree or title) <b>J. W. Zupan D.O.</b>	22b. ADDRESS <b>Flat River Mo.</b>	22c. DATE SIGNED <b>1/16/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>1/14/1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Baker Cemetery</b>
24. FUNERAL DIRECTOR <b>Baker Funeral Home, Lutesville, Mo</b>		23d. LOCATION (City, town, or county) (State) <b>Lutesville, Missouri</b>

25. DATE RECD. BY LOCAL REG. <b>Jan. 16, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>
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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms will be stated. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

0942  
4

300  
1-56

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 *E. Z. Boyer* .....

Licensed Embalmer No. *167* .....

P. O. Address *Des Moines, Ia.* .....

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.