

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043217

STATE FILE NUMBER

Registration District No. 032 Primary Registration District No. \_\_\_\_\_ Registrar's No. 74

FILED DEC 23 1958

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                              |                                                                                                                                                             |                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Bollinger</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                              | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Cape Girardeau</u>                 |                                                                            |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Mayfield</u>                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                              | c. CITY OR TOWN <u>Rural</u> <u>0160</u>                                                                                                                    |                                                                            |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                              | d. STREET ADDRESS (If outside, give location)<br><u>1 1/2 mile north Mayfield</u>                                                                           |                                                                            |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>Philip — BARKS</u>                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              | 4. DATE OF DEATH Month Day Year<br><u>Dec 9, 1958</u>                                                                                                       |                                                                            |
| 5. SEX<br><u>Male</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6. COLOR OR RACE<br><u>white</u>                                                                             | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Jan 25, 1895</u>                                    |
| 9. AGE (In years last birthday)<br><u>63</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired)<br><u>Farming</u> | 11. BIRTHPLACE (City and state or country)<br><u>Sedgewickville Mo</u>                                                                                      | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                              |
| 13a. FATHER'S NAME<br><u>George Barks</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 13b. MOTHER'S MAIDEN NAME<br><u>Sophia Cheek</u>                                                             | 14. NAME OF HUSBAND OR WIFE<br><u>Estella Cook</u>                                                                                                          |                                                                            |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>                                                                                                                                                                                                                                                                                                                                                                      | 16. SOCIAL SECURITY NO.                                                                                      | 17. INFORMANT Address<br><u>Roy Cook, Jackson Mo</u>                                                                                                        |                                                                            |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary artery occlusion</u><br>DUE TO (c) <u>Coronary atherosclerosis</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |                                                                                                              |                                                                                                                                                             | INTERVAL BETWEEN ONSET AND DEATH<br><u>4201</u>                            |
| 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<br>a.m.<br>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 _____, to _____ and last saw her alive on _____<br>Death occurred at <u>1:30 p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.                                                                                                                                                                                                                                                                                      |                                                                                                              |                                                                                                                                                             |                                                                            |
| 22a. SIGNATURE (Degree or title)<br><u>John E. Keady</u> <u>Coroner 3</u>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                              | 22b. ADDRESS<br><u>Lutesville, Mo.</u>                                                                                                                      |                                                                            |
| 22c. DATE SIGNED<br><u>Dec. 16, 1958</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                              |                                                                                                                                                             |                                                                            |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 23b. DATE<br><u>Burial Dec 14, 1958</u>                                                                      | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Sedgewickville</u>                                                                                                 | 23d. LOCATION (City, town, or county) (State)<br><u>Sedgewickville Mo.</u> |
| 24. FUNERAL DIRECTOR<br><u>J.C. Cracraft</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ADDRESS<br><u>Jackson Mo.</u>                                                                                | 25. DATE RECD. BY LOCAL REG.<br><u>Dec 19-58</u>                                                                                                            | 26. REGISTRAR'S SIGNATURE<br><u>John Buford</u>                            |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Gene C. Crawford

Licensed Embalmer No. 4327

P. O. Address Indian, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.