

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002626

STATE FILE NUMBER

FILED FEB 11 1959 Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <i>St. Francois</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Francois</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Francois Twp. Farmington - rural</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Flat River Mo.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Mixed Area Osteopathic Jan 23-1959</i>			Length of stay in 1b			d. STREET ADDRESS (If outside, give location) <i>507 Emerson</i>	
3. NAME OF DECEASED (Type or print) <i>Mr. Richard Gray Barker</i>				4. DATE OF DEATH <i>Jan. 29 1959</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Feb. 4-1874</i>	
9. AGE (In years last birthday) <i>84-11-25</i>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Screen man Cushing room.</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>St. Joseph Lead Co.</i>			11. BIRTHPLACE (City and state or country) <i>Brester - Marshall Co. Kentucky</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.P.</i>							
13. FATHER'S NAME <i>Mr. John H. Barker</i>				14. MOTHER'S MAIDEN NAME <i>Marion Houseman</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>493-03-9826</i>		17. INFORMANT (Relationship) Address <i>Mr. Carl Soudan - daughter - 1129 Emerson St. Flat River, Mo.</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute coronary occlusion (Embolism)</i>							INTERVAL BETWEEN ONSET AND DEATH <i>10 Mon</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>Pernicious anemia</i>					<i>1 year</i>
		DUE TO (c) <i>Valvular heart disease</i>					<i>years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Myocardial failure - several months ago</i>							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.) <i>2900</i>					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
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 <i>1940</i> to <i>1/28/59</i> and last saw <i>him</i> alive on <i>1/28/59</i> Death occurred at <i>1100 a</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Do not sign if not a physician) <i>W. A. Rudloff</i>				22b. ADDRESS <i>Flat River Mo.</i>			22c. DATE SIGNED <i>1/29/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>February 1 - 1959</i>		23c. NAME OF CEMETERY OR CREMATORY <i>St. Francois Memorial Park</i>		23d. LOCATION (City, town, or county) (State) <i>Route no. 1 Bonne Terre Mo.</i>	
24. FUNERAL DIRECTOR <i>Albert W. Ho...</i>				25. DATE RECD. BY LOCAL REG. <i>Jan. 31, 1959</i>		26. REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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... *Alvin W. Hill*

Licensed Embalmer No. *28*
303 Crane St.
P. O. Address *Flat River*

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.