

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004294
STATE FILE NUMBER

FILED FEB 5 1959

Registration District No. 370 Primary Registration District No. 6254 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY WAYNE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WAYNE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLDWATER		c. CITY (If outside, give location) OR TOWN COLDWATER	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ✓		d. STREET ADDRESS (If outside, give location) ✓	
3. NAME OF DECEASED (Type or print) CHARLES CHRISTOPHOR BARKS		4. DATE OF DEATH JAN. 29, 1959	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT-4-1914
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TIMBER WORKER		11. BIRTHPLACE (City and state or country) LODI, MO	
13a. FATHER'S NAME LUTHER BARKS		14. NAME OF HUSBAND OR WIFE ✓	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ✓		17. INFORMANT PARALEE LOW. KENNETT, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Self - Inflicted 16 Ga. Shot Gun Wound DUE TO (c) M PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mental Retarded		INTERVAL BETWEEN ONSET AND DEATH instant	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self Inflicted Shot Gun Wound	
20c. TIME OF INJURY 8:00 p.m. 1-29-59		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Coldwater COUNTY Wayne STATE MO.	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 8:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Marvin E. Bowles Coroner 3		22b. ADDRESS Bedmont MO	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2-1-1959	
23c. NAME OF CEMETERY OR CREMATORY CAMP EIGHT		23d. LOCATION (City, town, or county) (State) NEAR GREENVILLE MO.	
24. FUNERAL DIRECTOR GISH FUNERAL HOME		25. DATE RECD. BY LOCAL REG. 2-2-59	
26. REGISTRAR'S SIGNATURE Walter M. Ward			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

69612 e 315

FILE NO. _____
CO. HEALTH CENTER

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 Me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 4426
P. O. Address Piedmont, N.C.

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.