

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012254

FILED MAY 8 1959

Registration District No.

27

Primary Registration District No.

5096

STATE FILE NUMBER

Registrar's No.

52

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR 1 1/2 mi. S. of Mt. Pleasant TOWN Two Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Archie 0190 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pine Tree Rest Home Length of stay in lb 10 Moths.		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Oren Middle Perry Last Barkley			4. DATE OF DEATH Month April Day 24 Year 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 August 20, 1880
9. AGE (In years) 77		10. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Retired Laborer	11. BIRTHPLACE (State or country) Near Adrian Bates Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME Joseph H. Barkley	
13b. MOTHER'S MAIDEN NAME Mary Barber		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Bernice Adams		Address 2523 Askew K.C. 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) Pulmonary edema by pneumonia DUE TO (b) Chronic nephritis DUE TO (c) Chronic nephritis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 3 Days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 592X			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.)	
20c. TIME OF INJURY Hour 10:40 A.M. Month, Day, Year April 24, 1959		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 Butler, Mo.	
20g. COUNTY Bates		20h. STATE Missouri	
21. I attended the deceased from Jan. 1958 to April 59 and last saw ^{her} _{him} alive on April 24 59 Death occurred at 10:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) D. D. La Harre M.D.		22b. ADDRESS Butler, Mo.	
22c. DATE SIGNED April 24 1959		22d. PLACE SIGNED Butler, Mo.	
23a. BURIAL, CREMATION, REQUIEM (Specify) Burial		23b. DATE April 26 1959	
23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) (State) Near Adrian, Mo.	
24. FUNERAL DIRECTOR Stinson & Co. Archie, Mo.		25. DATE RECD. BY LOCAL REG. April 27 1959	
26. REGISTRAR'S SIGNATURE Randall Korman		26. ADDRESS Butler, Mo.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 18 1959

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 *Robert C. Johnson*

Licensed Embalmer No. *4902*
P. O. Address *Barnstable*

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.