

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016426

STATE FILE NUMBER

FILED APR 24 1959

Burk 233

Registration District No. *333*

Primary Registration District No. *3074*

Registrar's No. *7269*

300
1-57

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		c. CITY OR TOWN East Prairie <i>06700</i>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hoop.		d. STREET ADDRESS (If outside, give location) Route #1	

3. NAME OF DECEASED (Type or print) First Ronnie Middle — Last Barksdale			4. DATE OF DEATH Month 4 Day 9 Year 1959		
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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 4-9-59	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 4 Days 9	IF UNDER 24 HRS. Hours 11 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Sikeston Mo.	12. CITIZEN OF WHAT COUNTRY? 0
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13a. FATHER'S NAME Bill Barksdale	13b. MOTHER'S MAIDEN NAME Dathal Zook	14. NAME OF HUSBAND OR WIFE —
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. —	17. INFORMANT Bill Barksdale East Prairie Mo. RT. I	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Abnormal Pulmonary Ventilation		INTERVAL BETWEEN ONSET AND DEATH 4 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) 7625	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1. Prematurity (32 wks gestation) 2. Placenta Abrupta/Maternal 3. Hypoxia of lungs 4. UTerine Tetany Sec to 2.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 of item 18) 4. Uterine Tetany Sec to 2.
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20c. TIME OF INJURY Hour — Month, Day, Year —
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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 Sikeston, Mo.	COUNTY	STATE
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21. I attended the deceased from 12:00 am to 4:00 am and last saw her alive on 3:00 am Death occurred at 4:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Anders B. Smith Jr MD (Degree or title)	22b. ADDRESS Sikeston, Mo.	22c. DATE SIGNED 4.10.59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-9-59	23c. NAME OF CEMETERY OR CREMATORY Dogwood	23d. LOCATION (City, town, or county) (State) near East Prairie Mo. Mo
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24. FUNERAL DIRECTOR Travis Shelby Jr. East Prairie Mo.	25. DATE RECD. BY LOCAL REG. 4-15-59	26. REGISTRAR'S SIGNATURE Maxella Hunter
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Walter Shelby Jr.*

Licensed Embalmer No. *4940*

P. O. Address *East Prairie, 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.