

Health, Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017461

STATE FILE NUMBER

FILED JUN 8 1959 Registration District No. 132 Primary Registration District No. Registrar's No. 103

1. PLACE OF DEATH a. COUNTY <b>GRUNDY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>GRUNDY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Trenton</b> Inside Limits <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Trenton</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>R.F.D # 1</b> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <b>R.F.D # 1</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>Joseph Coleman BARKER</b>			4. DATE OF DEATH Month Day Year <b>June 1 1959</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov 18, 1878</b>	9. AGE (In years and months) <b>80</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Concrete Meek</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	11. BIRTHPLACE (City and state or country) <b>Brownsburg VA.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John Barker</b>	13b. MOTHER'S MAIDEN NAME <b>Minerva Hancock</b>	14. NAME OF HUSBAND OR WIFE <b>Helen Barker</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or No) (If yes, give year and date of service) <b>YES WWII</b>	16. SOCIAL SECURITY NO. <b>486-16-0816</b>	17. INFORMANT Address <b>Helen Barker R.F.D #1 Trenton</b>
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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) <b>Acute Coronary Occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Atherosclerotic myocarditis</b> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>10 minutes</b> <b>3 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>		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.)
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20c. TIME OF INJURY Hour 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
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21. I attended the deceased from <b>1-16-59</b> to <b>6-1-59</b> and last saw <sup>her</sup> him alive on <b>5-15-59</b> Death occurred at <b>1:15 p.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>C.L. Clark, M.D.</b>	22b. ADDRESS <b>Trenton Mo.</b>	22c. DATE SIGNED <b>6-2-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>6/3/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Resthaven</b>	23d. LOCATION (City, town, or county) (State) <b>Trenton Mo</b>
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24. FUNERAL DIRECTOR ADDRESS <b>D. Goda Blackmon Trenton Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>6/3/59</b>	26. REGISTRAR'S SIGNATURE <b>Gene Jaw</b>
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(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.

5-0  
2k

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 *Claude H Crandall Jr.*

Licensed Embalmer No. *4986*

P. O. Address *Trenton, N.J.*

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.