

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022527

STATE FILE NUMBER

FILED JUN 17 1959 Registration District No. 301 Primary Registration District No. Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Doniphan.</u>		c. CITY OR TOWN <u>Doniphan.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Community Hospital.</u>		d. STREET ADDRESS (If outside, give location) <u>114 SOUTH GRAND.</u>	
Length of stay in lb <u>1 day.</u>		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First <u>Connie</u> Middle <u>Marie</u> Last <u>Barks.</u>		4. DATE OF DEATH Month <u>May</u> Day <u>27</u> Year <u>1959.</u>	
5. SEX <u>Female.</u>	6. COLOR OR RACE <u>white.</u>	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <u>May 26, 1959.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Never Worked.</u>		11. BIRTHPLACE (City and state or country) <u>Doniphan, Missouri.</u>	
13a. FATHER'S NAME <u>Donald Barks.</u>		14. NAME OF HUSBAND OR WIFE <u>never married.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		17. INFORMANT <u>Donald Barks, Poplar Bluff, Missouri.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Damage.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Eclampsia in mother.</u>		<u>2 days.</u>	
DUE TO (c) <u>Nephritis + Hypertension.</u>		<u>2 weeks.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>7690</u>		19. WAS AUTOPSY PERFORMED? ☐ YES ☐ NO ☐	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>4:30</u> a.m. <u>1</u> Month, Day, Year <u>5/26/59</u>			
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		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 <u>5/26/59</u> to <u>5/27/59</u> and last saw her alive on <u>5/27/59</u> . Death occurred at <u>4:30</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) <u>Frank S. Johnson, M.D.</u>		22b. ADDRESS <u>Doniphan, Mo.</u>	
22c. DATE SIGNED <u>5/1/59.</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	23b. DATE <u>MAY 28, 1959.</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>RIPLEY COUNTY, Mo.</u>
24. FUNERAL DIRECTOR <u>Ray Means.</u>	ADDRESS <u>Doniphan, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>6-12-59</u>	26. REGISTRAR'S SIGNATURE <u>Flava Broz</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Ray Measner.....

Licensed Embalmer No. 3743....

P. O. Address Monipham

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.