

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023905

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington Township</b>		c. CITY OR TOWN <b>Bolivar</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hospital #3</b>		d. STREET ADDRESS (If outside, give location) <b>Unknown</b>	
3. NAME OF DECEASED (Type or print) First <b>James</b> Middle <b>Martin</b> Last <b>Barker</b>		4. DATE OF DEATH Month <b>June</b> Day <b>4</b> Year <b>1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 3. WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>July 27, 1870</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer-Monument Dealer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Lafayette County, Mo.</b>
13a. FATHER'S NAME <b>William W. Barker</b>		13b. MOTHER'S MAIDEN NAME <b>Parmela Hatton</b>	14. NAME OF HUSBAND OR WIFE <b>Unknown</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT Address <b>Records-State Hospital No. 3, Nevada, Mo.</b>
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>Coronary Occlusion</b> DUE TO (b) <b>Fracture of Left Hip</b> DUE TO (c) <b>Generalized Arteriosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>Few minutes</b> <b>5-19-59</b> <b>Years</b>
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 Month, Day, Year a.m. p.m.		-----	
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 COUNTY STATE -----	
21. I attended the deceased from <b>6-14-56</b> to <b>6-4-59</b> and last saw <sup>him</sup> alive on <b>6-4-59</b> Death occurred at <b>7:25 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>George Osber M.D.</b>		22b. ADDRESS <b>State Hospital No. 3 Nevada, Missouri</b>	22c. DATE SIGNED <b>6-4-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>June 4</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Shenwood Cem Bolivar</b>	23d. LOCATION (City, town, or county) (State) <b>Bolivar, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Pitts Funeral Home Bolivar, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-8-1959</b>	26. REGISTRAR'S SIGNATURE <b>Anna E. Jerry</b>

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 *Lloyd C. McLeod* .....

Licensed Embalmer No. *4853* .....

P. O. Address *Florida, 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.