

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028289

FILED VS SEP 14 1959

Registration District No. 43 Primary Registration District No. 8007 Registrar's No. 402

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff</u>		Length of stay in lb <u>2 hrs.</u>	c. CITY OR TOWN <u>Silva</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospt.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>CORA</u> Middle <u>Cordelia</u> Last <u>BARKER</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>23</u> Year <u>1959</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 30, 1885</u>	9. AGE (last birthday) <u>73</u>	# UNDER 1 YEAR Months <u>11</u> Days <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>PATTERSON, MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>JEFF VANNOY</u>		13b. MOTHER'S MAIDEN NAME <u>ROXANNA EADS</u>		14. NAME OF HUSBAND OR WIFE <u>SAMUEL E. BARKER</u>	
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 <u>James Barker</u> Address <u>Silva, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:

PART I. IMMEDIATE CAUSE (a) Internal injuries and multiple fractures 2 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Trucks and automobile accident

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

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.)
collision of automobile and Truck

20c. TIME OF INJURY
Hour 2.00 a.m. 8-23-1959

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
State Highway

20f. CITY, TOWN, OR LOCATION
Butler COUNTY Mo STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Gaver Wheeler Coroner Poplar Bluff Mo

22b. ADDRESS
Poplar Bluff Mo

22c. DATE SIGNED
8/26-59

23a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

23b. DATE
Pending

23c. NAME OF CEMETERY OR CREMATORY
BOUNDS CREEK

23d. LOCATION (City, town, or county) (State)
Silva Mo.

24. FUNERAL DIRECTOR
Wm. G. Boyles ADDRESS Greenville, Mo

25. DATE RECD. BY LOCAL REG.
8/31/59

26. REGISTRAR'S SIGNATURE
W. M. Muelner

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 14 1969

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed M. E. Bowler

Licensed Embalmer No. 4426
P. O. Address Redmont

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.