URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 9 1959

59-043129
STATE FILE NUMBER

ENDED

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 195

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Nevada
Length of stay in 1b: 5mo 25da
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hospital #3
Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Christian
c. CITY OR TOWN: Billings
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Route 2
Residence on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: William F Middle: Last: Barker
4. DATE OF DEATH: Month: November Day: 29 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Feb 11, 1884
9. AGE (last birthday): 75 yrs
IF UNDER 1 YEAR: Months 9 Days 12
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (City and state or country): Christian County Mo
12. CITIZEN OF WHAT COUNTRY: USA.
13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Margaret Barker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hospital records Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac Dilatation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Gen. Arterio Sclerosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Psychosis
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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION: Nov 29, 1959 COUNTY STATE
21. I attended the deceased from June 4, 1959, to and last saw her/him alive on Nov 29, 1959
Death occurred at 12:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: W. O. Bradley (Degree or title) MD
22b. ADDRESS: State Hospital #3 Nevada Mo
22c. DATE SIGNED: 11-29-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/2/1959
23c. NAME OF CEMETERY OR CREMATORY: St. Peters Evangelical
23d. LOCATION (City, town, or county) (State): Billings Missouri
24. FUNERAL DIRECTOR: J. Dean Harris, Clever, Missouri ADDRESS
25. DATE RECD. BY LOCAL REG.: Dec 2 - 1959
26. REGISTRAR'S SIGNATURE: Anna E Fory

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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_____ Signed Jhlean Harris

Signature of Student Embalmer

Licensed Embalmer No. 4390

P. O. Address Clever, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.