

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 4 1960

60-010159

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 140 STATE FILE NUMBER

ENDED

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><u>Cape Girardeau</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Bollinger</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Cape Girardeau</u>               |  | Length of stay in 1b<br><u>3 hrs</u>  | c. CITY OR TOWN <u>Marble Hill</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><u>Southeast Hosp.</u> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>       |

|   |                              |   |   |  |  |
|---|------------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>ODESSA</u> Middle <u>ESTELLA</u> Last <u>BARKER</u>         |                              |   | 4. DATE OF DEATH<br>Month <u>3</u> Day <u>30</u> Year <u>1960</u>   |  |  |
| 5. SEX<br><u>FM</u>   | 6. COLOR OR RACE<br><u>W</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>9-25-1897</u>                                | 9. AGE (last birthday)<br><u>62</u>                | IF UNDER 1 YEAR<br>Months <u>   </u> Days <u>   </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>house</u> |                              | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>none</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Glen Allen, Mo</u> |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.</u>           |
| 13a. FATHER'S NAME<br><u>Henry B. Miller</u>  |                              | 13b. MOTHER'S MAIDEN NAME<br><u>Fannie Minter</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>T. B. Barker</u> |  |

|  |  |  |
|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>None</u> | 17. INFORMANT<br><u>George R. Spink</u><br>Address <u>Marble Hill Mo</u> |
|--|--|--|

|   |   |  |
|---|---|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:  |   | INTERVAL BETWEEN ONSET AND DEATH   |
| IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u>  |   | <u>acute</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <u>Myocardial infarction</u> | <u>acute</u>   |
|   | DUE TO (c) <u>Coronary Thrombosis</u>   | <u>acute</u>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Previous Coronary occlusion 8 years ago</u> |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|   |   |   |
|---|---|---|
| 19. WAS AUTOPSY PERFORMED?<br>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.)<br><u>None</u> |
| 20c. TIME OF INJURY<br>Hour <u>   </u> Month, Day, Year <u>   </u><br>a.m. <u>   </u> p.m. <u>   </u> | 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.)<br><u>   </u>      |
| 20f. CITY, TOWN, OR LOCATION<br><u>   </u>  |   | COUNTY <u>   </u> STATE <u>   </u>  |

21. I attended the deceased from 3-28-60 to 3-30-60 and last saw her alive on 3-30-60  
Death occurred at 11:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                            |  |   |
|---|----------------------------|--|---|
| 22a. SIGNATURE (Degree or title)<br><u>William J Freitas, DO.</u> |                            | 22b. ADDRESS<br><u>Marble Hill, Missouri</u>             | 22c. DATE SIGNED<br><u>4-1-60</u>                                       |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u>        | 23b. DATE<br><u>4-2-60</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Marble Hill</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Marble Hill, Mo</u> |
| 24. FUNERAL DIRECTOR<br><u>Jane Ward, Lutesville Mo</u>           |                            | 25. DATE RECD. BY LOCAL REG.<br><u>4-2-1960</u>          | 26. REGISTRAR'S SIGNATURE<br><u>Jane Kasten</u>                         |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

APR

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 Herbert Liley

Licensed Embalmer No. 5086

P. O. Address Luttrell,

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.