

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-029927**

**FILED VS AUG 31 1960**

STATE FILE NUMBER

ENDED

Registration District No. 69 Primary Registration District No. 5272 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Christian</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Polk Township</u>		Length of stay in lb <u>77 Years</u>	c. CITY OR TOWN <u>Billings, Route #2</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5 miles South</u>	
3. NAME OF DECEASED (Type or print) First <u>Emma</u> Middle <u>Louise</u> Last <u>Barke</u>			4. DATE OF DEATH Month <u>August</u> Day <u>21</u> Year <u>1960</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>Sept. 14, 1877</u>	9. AGE (last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>    </u> Days <u>    </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>    </u>		11. BIRTHPLACE (City and state or country) <u>Columbus, Wisconsin</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Gottfried Schultz</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Louise Wieck</u>		14. NAME OF HUSBAND OR WIFE <u>Frederick Otto Barke</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>		16. SOCIAL SECURITY NO. <u>    </u>	17. INFORMANT Address <u>Miss Lena Barke, Rt. 2, Billings, Mo.</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 Hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>    </u> DUE TO (c) <u>    </u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>    </u>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) <u>    </u>	
20c. TIME OF INJURY Hour <u>    </u> a.m. <u>    </u> p.m.	Month, Day, Year <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.) <u>    </u>	20f. CITY, TOWN, OR LOCATION <u>    </u>	COUNTY <u>    </u>	STATE <u>    </u>	
21. I attended the deceased from <u>1953</u> to <u>Aug. 21, 1960</u> and last saw her/him alive on <u>Aug. 21, 1960</u> Death occurred at <u>9:20</u> p. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>R. C. Mitchell D.O.</u>			22b. ADDRESS <u>Republic 718</u>		22c. DATE SIGNED <u>8-24-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-24-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Evangelical</u>	23d. LOCATION (City, town, or county) <u>Billings, Missouri</u>		
24. FUNERAL DIRECTOR <u>J. Dean Harris,</u>		ADDRESS <u>Clever, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>Aug. 25, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Oliver Hutter</u>	

DOCUMENT

MEDICAL CERTIFICATION

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed J. Alan Harris

Licensed Embalmer No. 4390

P. O. Address Cleves, Mo

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