

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 13 1960

-60-035187
STATE FILE NUMBER

Registrar District No. 150 Primary Registration District No. 5573 Registrar's No. 207

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SNI-ABARI</u>		Length of stay in 1b <u>0</u>	c. CITY OR TOWN <u>BLUE SPRINGS</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>TROMAN, & RB.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>109 N 16th</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>BILLIE WOOD BARKSDALE</u>			4. DATE OF DEATH Month Day Year <u>10 2 1960</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>WH.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-21-26</u>	9. AGE (last birthday) <u>34</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>BUCKNER, MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	

13a. FATHER'S NAME <u>JACOB BARKSDALE</u>		13b. MOTHER'S MAIDEN NAME <u>SUE KEPLER</u>		14. NAME OF HUSBAND OR WIFE <u>FRIEDA BARKSDALE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.I.I.</u>		16. SOCIAL SECURITY NO. <u>495-20-3072</u>		17. INFORMANT <u>ma Barbara Blue Springs</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) Fractured skull contusion & lacerations chest

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }
DUE TO (b) _____
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) Distal Infection

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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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>Car left road & struck tree</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>10 2 60</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	20e. CITY, TOWN, OR LOCATION <u>Jackson MO</u>	
21. I attended the deceased from _____ to _____ and last saw 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) <u>Hugh A Owens Coroner</u>		22b. ADDRESS <u>152 Union Station</u>		22c. DATE SIGNED <u>10-3-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Oct-5-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Blue Springs</u>	23d. LOCATION (City, town, or county) (State) <u>Blue Springs MO</u>	
24. FUNERAL DIRECTOR <u>Mayfield</u>	ADDRESS <u>Blue Springs MO</u>	25. DATE RECD. BY LOCAL REG. <u>10-4-1960</u>	26. REGISTRAR'S SIGNATURE <u>D.B. Kingsford</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 7 1 100

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

Charles E. Mayfield

Licensed Embalmer No. 4638

P. O. Address Blue Springs

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.