SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 374 STATE FILE NUMBER 61-013284

FILED APR 24 1961

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield Mo. — Length of stay in 1b: 14 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Baptist Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Dade
c. CITY OR TOWN: Lockwood Mo — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 10th ST — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Dora Middle: Belle Last: Barker
4. DATE OF DEATH: Month: April Day: 13 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Dec 10 1884
9. AGE (last birthday): 76 — IF UNDER 1 YEAR: Months 4 Days 3 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: House Work
11. BIRTHPLACE (City and state or country): Aurora Mo.
12. CITIZEN OF WHAT COUNTRY: usa
13a. FATHER'S NAME: Addison Bassett
13b. MOTHER'S MAIDEN NAME: Sarah Bond
14. NAME OF HUSBAND OR WIFE: W.S.Barker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: W.S.Barker Address: Lockwood Mo.

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): Atherosclerotic Heart Disease
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): Diabetes Mellitus - Bronchopneumonia

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 COUNTY STATE

21. I attended the deceased from 15 June 1948 to 13 April 61 and last saw her alive on 13 April 1961
Death occurred at 12:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Stanley J. Peterson M.D.
22b. ADDRESS: Springfield, Mo
22c. DATE SIGNED: 17 April 61.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: April 16 1961
23c. NAME OF CEMETERY OR CREMATORY: Lockwood Mausoleum
23d. LOCATION (City, town, or county) (State): Lockwood Mo.

24. FUNERAL DIRECTOR: Allison Funeral Home Greenfield MO. ADDRESS
25. DATE RECD. BY LOCAL REG.: 4-20-61
26. REGISTRAR'S SIGNATURE: Effie G. Meeton

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | DOCUMENT | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF

MAY 10 1961

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_____ Signed W. R. Allison

Signature of Student Embalmer

Licensed Embalmer No. 4404

P. O. Address Greenfield

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.