

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED JUL 31 1961/76

-61-025842

STATE FILE NUMBER

Registration District No. 76 Primary Registration District No. 4278 Registrar's No. 13

AMENDED

DATE AMENDED
 2
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Miller Greene</u> Length of stay in lb <u>3 wk</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence R.T.D.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u> c. CITY OR TOWN <u>Miller</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Homer</u> Middle <u>(Jink)</u> Last <u>Barker</u>			4. DATE OF DEATH Month <u>7</u> Day <u>18</u> Year <u>1961</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</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>7-27-1891</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>22</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Wheeling Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Creighton S. Barker</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hughlett</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth Barker</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>			17. INFORMANT <u>Ruth Barker Miller Mo.</u> Address				
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>SEPSIS & CHRONIC PURULENT BRONCHITIS 8 hours</u> DUE TO (b) <u>PARKINSONISM</u> DUE TO (c) <u>CEREBRAL ARTERIOSCLEROSIS</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 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 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.)					
20c. TIME OF INJURY Hour <u>7:30</u> Month, Day, Year <u>7-18-61</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	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 <u>2-14-61</u> to <u>7-18-61</u> and last saw <u>him</u> alive on <u>7-18-61</u> Death occurred at <u>7:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Hugh Baker</u> (Degree or title) <u>oo.</u>			22b. ADDRESS <u>Miller, Mo.</u>		22c. DATE SIGNED <u>7-22-61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-21-1961</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Goss</u>	23d. LOCATION (City, town, or county) (State) <u>S.W. of Miller Mo.</u>				
24. FUNERAL DIRECTOR <u>Morris Simon</u> ADDRESS <u>Miller Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-24-61</u>	26. REGISTRAR'S SIGNATURE <u>W. D. Br...</u>				

MAR 29 1962

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,

~~of~~ by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed ER. Leiman

Licensed Embalmer No. 3297

P. O. Address Miller Mo.

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.