

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025805

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 4540

Primary Registration District No. 370

Registrar's No. 84

FILED JUL 11 1962

VS 300
Rev. 4/59

1 1110

2 1110

3 2

4 0

5 1

6

7 0

8 0

9 163X

10

11

12 90-0

13 2-0

DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

WAYNE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN GREENVILLE

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION GREENVILLEInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

WAYNE

Inside Limits

Yes ☒ No ☐c. CITY
OR TOWN GREENVILLEd. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

DENNIS

ELVIN

BARKER

4. DATE
OF DEATH

July 3 1962

Month

Day

Year

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married

Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

5-7-1911

9. AGE (last birthday)

51

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY

CONSTRUCTION

11. BIRTHPLACE (City and state or country)

COLDWATER MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

GEORGE BARKER

13b. MOTHER'S MAIDEN NAME

CORA WHITE

14. NAME OF HUSBAND OR WIFE

ORLANDA BARKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

498-10-2201

17. INFORMANT

ORLANDA BARKER

Address

GREENVILLE MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of the Lung
with metastasis -Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

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.

☐ Yes☐ No☐ Unknown19. 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
INJURYHour
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 _____, to _____ and last saw her alive on _____.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

David V. Miller M.D.

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

7-6-1962

23c. NAME OF CEMETERY OR CREMATORY

GREENVILLE

23d. LOCATION (City, town, or county)

GREENVILLE, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

GISH FUNERAL HOME

25. DATE RECD. BY LOCAL REG.

FIDMONT MO

26. REGISTRAR'S SIGNATURE

7-10-62

26. REGISTRAR'S SIGNATURE

Arilla M. Ward

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

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

Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Piedmont 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.