# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037361
STATE FILE NUMBER

Registration District No. 338 Primary Registration District No. 6154 Registrar's No. 28

FILED SEP 24 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Cape Girardeau — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 605 Albert St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Kenneth — Middle Ray — Last Barks
4. DATE OF DEATH: Month Sept. — Day 20, — Year 1962
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-23-29
9. AGE (last birthday): 32 — 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): Lab Technician
10b. KIND OF BUSINESS OR INDUSTRY: Hospital Lab
11. BIRTHPLACE (City and state or country): Cape Girardeau, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Russell Barks
13b. MOTHER'S MAIDEN NAME: Esther Groves
14. NAME OF HUSBAND OR WIFE: single
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Korean War
16. SOCIAL SECURITY NO.:
17. INFORMANT: Richard Barks — Address: Cape Girardeau, 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): Crushed Chest — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying 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 ☐ 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.) Was passenger in car involved in a head-on collision with another car.
20c. TIME OF INJURY: 7:15 Hour ~~a.m.~~ p.m. — Month, Day, Year: 9-20-62
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.): State Highway 114
20f. CITY, TOWN, OR LOCATION: Essex, Mo. R. 1 — COUNTY: Stoddard Co., — STATE: Mo.

21. I attended the deceased from ---------- to ---------- and last saw her/him alive on ----------
Death occurred at 7:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Marsh Watkins Coroner
22b. ADDRESS: Dexter, Missouri
22c. DATE SIGNED: 9-20-62
23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 9-21-62
23c. NAME OF CEMETERY OR CREMATORY: Memorial Gardens
23d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo.
24. FUNERAL DIRECTOR: Watkins & Sons — ADDRESS: Dexter, Mo.
25. DATE RECD. BY LOCAL REG.: 9-21-62
26. REGISTRAR'S SIGNATURE: Dana L. Leggett

(Licensed Embalmer's Statement on Reverse Side)

OCT 10 1962

JUL 22 1963

SEP 27 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, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Earl McWatkins

Licensed Embalmer No. 4964

P. O. Address Dexter 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.