

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039540
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 233 Primary Registration District No. 4348 Registrar's No. 127
FILED OCT 25 1962

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wellsville</u>				Length of stay in 1b		c. CITY OR TOWN <u>Wellsville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>409 Lenhnen St.</u>				Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) <u>409 Lenhnen St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Una</u> Middle <u>Olive</u> Last <u>Barker</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>16</u> Year <u>1962</u>			
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH <u>Dec. 24, 1888</u>	
9. AGE (last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>12</u>		IF UNDER 24 HR Hours <u>12</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and state or country) <u>Mercer Co., Ill.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>							
13a. FATHER'S NAME <u>Daniel S. Rogers</u>				13b. MOTHER'S MAIDEN NAME <u>Olive York</u>			
14. NAME OF HUSBAND OR WIFE <u>Clifford Barker, Wellsville, Mo</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>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Clifford Barker, Wellsville, Mo</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) <u>Carcinoma Uterus</u> 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.)			
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 <u>7-5-62</u> to <u>10-12-62</u> and last saw her/him alive on <u>Oct 12, 1962</u> Death occurred at <u>6 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Willis H. Wells DO</u>				22b. ADDRESS <u>Wellsville, Mo</u>		22c. DATE SIGNED <u>10-17-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct 18, 1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Wellsville</u>		23d. LOCATION (City, town, or county) (State) <u>Wellsville, Mo.</u>	
24. FUNERAL DIRECTOR <u>Howard F. Myers, Wellsville, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>10-17-62</u>		26. REGISTRAR'S SIGNATURE <u>Laura B. Callaway</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0700
2 0700
3 2
4 1
5 2
6
7 1
8 2
9 174X
10
11
12 90-2
13 2-0

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 Howard J. Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville, 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.