

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032226
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. 151

FILED AUG 29 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		c. CITY OR TOWN Swedeborg	
Length of stay in 1b 7 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Louise G. Wallace Hosp.		d. STREET ADDRESS (If outside, give location) PURAL-	
3. NAME OF DECEASED (Type or print) First John Middle Lee Last Barker		4. DATE OF DEATH Month Aug. Day 24 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-12-89
9. AGE (last birthday) 74		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY none	
11. BIRTHPLACE (City and state or country) Rader, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME George Barker		13b. MOTHER'S MAIDEN NAME Elizabeth Alford	
14. NAME OF HUSBAND OR WIFE deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	
16. SOCIAL SECURITY NO. 500-01-9718		17. INFORMANT Lowell Barker, Lebanon, 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) Cancer of urinary bladder with Metastases 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 6 Mos.	
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 checked="" type="checkbox"/> NO <input 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.) None	
20c. TIME OF INJURY Hour 5:30 p.m. Month, Day, Year 8/19/63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lebanon, Mo.		20f. CITY, TOWN, OR LOCATION Lebanon, Mo.	
20g. COUNTY Wright County, Mo.		20h. STATE Mo.	
21. I attended the deceased from 8/19/63 to 8/24/63 last saw him alive on 8/24/63 Death occurred at 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE George E. Fisher MD	
22b. ADDRESS Lebanon, Mo.		22c. DATE SIGNED 8/27/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8-27-1963	23c. NAME OF CEMETERY OR CREMATORY O'Dell Cemetery	
23d. LOCATION (City, town, or county) Wright County, Mo.		23e. DATE RECD. BY LOCAL REG. 8-27-1963	
24. FUNERAL DIRECTOR J. J. Shadel		26. REGISTRAR'S SIGNATURE Hella L. Gray	

USE BLACK INK
OR
TYPEWRITER RIBBON

0.181

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 _____

Eric M. Abbott

Licensed Embalmer No. _____

5/15

P. O. Address _____

Spangfield, 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.

Emmal Seaver 8-27-1963 - W.D.S.D.