

CERTIFICATE OF DEATH

124

STATE FILE NUMBER
68-048904

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 291

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. ARTHUR HOWARD BARKER		2. M	1. December 16, 1968	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. White		5a. 72	6. January 17, 1896	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7a. Clinton		7b. Wetzel Osteopathic Hospital		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME)
8. Missouri		9. U.S.A.		10. Aseneath Ross Barker
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY
12. Retired		13a. Carpenter		13b. Retired
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
14a. Missouri		14b. Bates	14c. Rockville	14d. General Delivery
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
15. Thomas William Barker		16. Sarah Jane Silva		
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. Mrs. Aseneath Barker		17b. Rockville, Missouri, General Delivery		
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		
18. IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
(a) Bronchopneumonia		2 days		
(b) Myocardial Infarction		1 wk		
(c) C.O.D.		unk		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST				
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I. (a)		AUTOPSY (YES OR NO)		
Chronic cholecystitis, (operated)		19a. no		
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (YES OR NO)		
20a. no		20b. no		
INJURY AT WORK (SPECIFY YES OR NO)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
20a. no		20b. no		
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		AND LAST SAW HIM/HER ALIVE ON		
21a. 12-2-68		21b. 12 16 1968		
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		THE DECEASED WAS PRONOUNCED DEAD		
22a. no		22b. no		
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		
23a. Carroll R. Wetzel		23b. Carroll R. Wetzel		
MAILING ADDRESS—CERTIFIER		CITY OR TOWN		
23a. 105 E. Ohio		Clinton Mo.		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		
24a. Burial		24b. Deerfield Cemetery		
DATE (MONTH, DAY, YEAR)		FURNAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
24a. December 19, 1968		24b. Ferry Funeral Home, 301 South Washington, Nevada, Missouri		
FURNAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		
25a. [Signature]		25b. Mildred Bigum		
DATE RECEIVED BY LOCAL REGISTRAR		26a. Dec. 26, 1968		

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

9. 0
10a. 72
10b.
11. 0
12. 1
13. 4109
14. 4
15. 4
16.
17.
18. 2
19. CREDITS
20. 1-0

64772

RECEIVED SEP 11 1968

JAN 9 1969

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 B. Hughes Perry

Licensed Embalmer No. 7960

P. O. Address Newark, Missouri

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.

Permit obtained 12-26-68

PHB