

FILED OCT 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29874

No. 300

10-48

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 885		
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY POLK				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (In this place) 1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRIGHTON, Mo.				
d. FULL NAME OF HOSPITAL OR INSTITUTION TROTTER NURSING Home				d. STREET ADDRESS (If rural, give location) BRIGHTON, Mo.				
3. NAME OF DECEASED (Type or Print) a. (First) JESSE			b. (Middle) SHERMAN		c. (Last) BARKER		4. DATE OF DEATH (Month) (Day) (Year) OCT. 3 1949	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 15 AUG. 1868		9. AGE (In years last birthday) 81		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME W. BARKER			13b. MOTHER'S MAIDEN NAME BEST		14. NAME OF HUSBAND OR WIFE LUCINDA BARKER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS A.R. TUMMONS SPCFD, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalized.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH           4:30/1	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Sept 9, 1949, to 30 Oct., 1949, that I last saw the deceased alive on Sept 22, 1949, and that death occurred at 5 P. m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Kenneth E. Knabb, M.D.				23b. ADDRESS 1630 N. Jefferson		23c. DATE SIGNED 4 Oct. 49		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-10-6-49		24c. NAME OF CEMETERY OR CREMATORY BRIGHTON CEMETERY		24d. LOCATION (City, town, or county) (State) BRIGHTON MO.		
DATE REC'D BY LOCAL REG. 10-6-49		REGISTRAR'S SIGNATURE W. H. ...		25. FUNERAL DIRECTOR'S SIGNATURE W. Klingner & Co.		ADDRESS SPCFD, Mo.		

Certified Embalmer's Statement on Reverse Side

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.

Signed Ogle Stone Jr.

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4176

P. O. Address Springfield

\* 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 this body is not embalmed, fact should be so stated above.