

FILED MAY 3 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 13428

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 2028		Registrar's No. 82			
1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE <b>Missouri</b>				b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>Carthage</b>		c. LENGTH OF STAY (In this place) <b>11 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>721 Oak St.,</b>		0473 7211 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McCune Brooks Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>Carthage, Mo.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>		b. (Middle) <b>Elkaney</b>		c. (Last) <b>BARKER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 26, 1950</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 26, 1876</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>5</b>	IF UNDER 24 HRS. Days <b>0</b>	IF UNDER 2 HRS. Hours <b>0</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>		11. BIRTHPLACE (State or foreign country) <b>Horse Cave, Ky. /</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
13a. FATHER'S NAME <b>John Barker</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca Barker</b>		14. NAME OF HUSBAND OR WIFE <b>Nellie Jane Barker</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Nellie Jane Barker</b>					
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) <i>Thrombosis of the coronary arteries</i>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <i>Coronary Thrombosis</i> DUE TO (c) <i>Arteriosclerosis, Generalized</i>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>5 min</b>  <b>4201</b>			
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 <b>1-21</b> , 19 <b>49</b> , to <b>4-26</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>4-26</b> , 19 <b>50</b> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <i>W. J. M. ...</i>				23b. ADDRESS <b>304 Grant, Carthage, Mo.</b>		23c. DATE SIGNED <b>4-28-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-29-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Carthage, Mo.</b>				
DATE REC'D BY LOCAL REG. <b>4/29/50</b>		REGISTRAR'S SIGNATURE <b>L. B. Clinton</b>		139 <b>Wulmer Funeral Home</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Carthage, Mo.</b>			

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

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RECEIVED 5-1-50  
Jasper County Health Office

County File Number 50-4-344

Date Filed 5-1-50

MAY 5 1950

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

.....  
working under my personal supervision.

Student Embalmer No. ....

Student .....  
Student Embalmer

Signed .....  
Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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 this body is not embalmed, fact should be so stated above.