

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 20 1950

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 4074 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oak Ridge		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oakridge	
d. FULL NAME OF HOSPITAL OR INSTITUTION Oakridge		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Sarah	b. (Middle) Elizabeth	c. (Last) Barks	4. DATE OF DEATH (Month) (Day) (Year) Sept. 12 1950
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 13 1879	9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months 6 Days 29 IF UNDER 12 HRS. Hours 5 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Christopher Hahs	13b. MOTHER'S MAIDEN NAME Elisabeth Propst	14. NAME OF HUSBAND OR WIFE Henry Barks
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Henry Barks ADDRESS Oakridge Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1946, 1946, to Sept 13, 1950, that I last saw the deceased alive on Sept 11, 1950, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. W. Laylock M.D.	23b. ADDRESS Oak Ridge Mo.	23c. DATE SIGNED 9-13-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-14-50	24c. NAME OF CEMETERY OR CREMATORY Sargents Chaple	24d. LOCATION (City, town, or county) (State) Cape Girardeau Co. Mo.
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DATE REC'D BY LOCAL REG. Sept 13 50	REGISTRAR'S SIGNATURE D. G. Seiburn	25. FUNERAL DIRECTOR'S SIGNATURE Seabaugh-Laird ADDRESS Jackson Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

160 /

RECEIVED

SEP 19 1950

HEALTH OFFICE

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SEP 22 1950
BTH

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

R. O. Laird

Signed.....
Student Embalmer

Licensed Embalmer No. 45-38

P. O. Address Jackson, 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.