

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30586

State File No.

FILED OCT 10 1951

BIRTH NO. 62217-57 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 188

493
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
c. LENGTH OF STAY (If this place) 15 hrs		0493	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital		d. STREET ADDRESS (If rural, give location) 910 Grant St.	

3. NAME OF DECEASED (Type or Print)	a. (First) JAMISON	b. (Middle) EARL	c. (Last) BARKER JR.	4. DATE OF DEATH (Month) (Day) (Year) Sept 28, 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Sept 28, 1951	9. AGE (In years, last birthday) 15	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 55
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant	10b. KIND OF BUSINESS OR INDUSTRY ----	11. BIRTHPLACE (State or foreign country) Carthage, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jamison E. Barkeš	13b. MOTHER'S MAIDEN NAME Alta Jane Stark	14. NAME OF HUSBAND OR WIFE ----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none-	17. INFORMANT'S SIGNATURE OR NAME J.E. Barker, 910 Grant, Carthage, Mo.	ADDRESS 910 Grant, Carthage, 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, asthma, 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) Premature birth - of 7 months gestation - deformity		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral Club feet Bilateral Club hands		

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION 5'60"	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	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) none	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 **Sept 28, 1951, to Sept 28, 1951**, that I last saw the deceased alive on **Sept 28, 1951**, and that death occurred at **7:45p m.**, from the causes and on the date stated above.

23a. SIGNATURE George H. Wood MD	23b. ADDRESS Carthage, Mo.	23c. DATE SIGNED 9-29-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Sep 30, 1951	24c. NAME OF CEMETERY OR CREMATORY Hackney Cemetery	24d. LOCATION (City, town, or county) (State) Rt 1, Carthage, Mo.
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DATE REC'D BY LOCAL REG. 9-30-51	REGISTRAR'S SIGNATURE L.B. Clinton MD	25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary, Carthage, Mo	ADDRESS
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RECEIVED 10-9-57
Jasper County Health Office
County File Number 5-112-785
Date Filed 10-9-57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Frank W. Kuehl

Licensed Embalmer No. 7440

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.