

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15405

082

FILED MAY 7- 1952

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Newton</u>	
b. CITY OR TOWN <u>Washington Twp</u> c. LENGTH OF STAY (in this place) <u>6-4-14</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u> 0732	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp. # 3</u>		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED a. (First) <u>Wilton</u> b. (Middle) _____ c. (Last) <u>Barckman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 27-52</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH _____
9. AGE (In years last birthday) <u>78 or 79</u>		10. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>unk</u>		14. NAME OF HUSBAND OR WIFE _____	
13b. MOTHER'S MAIDEN NAME <u>unk</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	
16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospit. Records</u> ADDRESS <u>Neosho</u>	
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 <u>Broncho pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS - <u>7 Psyc. obs. (mental deficient) fractured ribs left side</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		526XF	
21a. ACCIDENT SUICIDE HOMICIDE <u>accident</u> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>in hosp.</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Washington Twp - Vernon Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr. 2- 1952 - 11 p.m.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Too psychotic + ineffective to give information</u>	
22. I hereby certify that I attended the deceased from <u>Dec 12, 1951</u> , to <u>Apr - 27, 1952</u> , that I last saw the deceased alive on <u>Apr 26, 1952</u> , and that death occurred at <u>4:56 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. D. Shriver</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Neosho, Mo</u>	
23c. DATE SIGNED <u>4/27/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-29-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Radford Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bates Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-28-53</u>		REGISTRAR'S SIGNATURE <u>Emma E. Fevery</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>John W. Underwood</u>		ADDRESS <u>Buder, Mo</u>	

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

SEP 15 1960

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 _____
Student Embalmer

Signed

John P. Underwood

Licensed Embalmer No. 3551

P. O. Address Belle Me

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.