No. 300
10.48

FILED OCT 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31211

BIRTH NO. _____ REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 4179 Registrar's No. 10

#m 350 1

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

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Senath
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Senath 0350
d. STREET ADDRESS (If rural, give location): Rt. 2 0

3. NAME OF DECEASED (Type or Print)
a. (First): Charlie
b. (Middle): W.
c. (Last): Barks

4. DATE OF DEATH (Month) (Day) (Year): Sept 13 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 19 Dec 1911
9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tarana
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mo. 0
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Thomas Barks
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Lillie Barks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Lillie Barks, Senath Mo. ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sacoma — INTERVAL BETWEEN ONSET AND DEATH: 8 mo.

ANTECEDENT CAUSES
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
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/5, 1951, *to* 9/11, 1952, *that I last saw the deceased alive on* 9/11, 1952 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy E. Bartel / Mo
23b. ADDRESS: Senath Mo
23c. DATE SIGNED: 9/14

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/15/52
24c. NAME OF CEMETERY OR CREMATORY: Senath Cem.
24d. LOCATION (City, town, or county) (State): Senath Mo

DATE REC'D BY LOCAL REG.: 10-2-1952
REGISTRAR'S SIGNATURE: Mrs J H Lanier 91-1
25. FUNERAL DIRECTOR'S SIGNATURE: Howard Funeral Home, Senath Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 10-9-52

COUNTY FILE NUMBER 1052-278

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. .....

Signed Edwin L Armor

Signed .....
Student Embalmer

Licensed Embalmer No. 4840

P. O. Address Lenox Ga

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.