No. 300
10-48

FILED FEB 7 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

448

State File No.

BIRTH NO. Butler Co. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5135 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY: Butler Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Broseley, Mo.
c. LENGTH OF STAY (In this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Broseley 017
d. STREET ADDRESS (If rural, give location): R 70

3. NAME OF DECEASED (Type or Print)
a. (First): MERTice
b. (Middle): Jerome
c. (Last): Barksdale

4. DATE OF DEATH (Month) (Day) (Year): Jan. 17, 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-3-1895
9. AGE (In years last birthday): 58 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Horace T. Barksdale
13b. MOTHER'S MAIDEN NAME: Mattie McHaney
14. NAME OF HUSBAND OR WIFE: Hollie Barksdale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Guy Barksdale, Jonesboro Arkansas

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) Hypertensive Cardio vascular disease — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) 443X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Asthmatic bronchitis

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* 3-31, 1950, *to* 11-8, 1952, *that I last saw the deceased alive on* 11-8, 1952, *and that death occurred at* — m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hardin A. Henrickson MD
23b. ADDRESS: Poplar Bluff Mo
23c. DATE SIGNED: 1-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 19, 1953
24c. NAME OF CEMETERY OR CREMATORY: Brown's Chapel
24d. LOCATION (City, town, or county) (State): Broseley, Mo.

DATE REC'D BY LOCAL REG.: Jan. 24 1953
REGISTRAR'S SIGNATURE: Wm. H. Johnson 428
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Lloyd Russell Piggott Ark.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
FEB 4 1953
BUTLER CO. HEALTH CENTER
FILE No 25341

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 me

working under my personal supervision.

Student Embalmer No.....

Signed Leroy J. Tyler

Signed.....
Student Embalmer

Licensed Embalmer No. 1001 Ark

P. O. Address Piggott Ark

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.