

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5893**

FILED MAR 4 1954 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1371**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN West Frankfort d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		e. STREET ADDRESS (If rural, give location) 1004 E Popular 8120	

3. NAME OF DECEASED (Type or Print) Grace	a. (First) Grace	b. (Middle)	c. (Last) Barker	4. DATE OF DEATH (Month) (Day) (Year) Feb 11 54
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar 19. 1903	9. AGE (In years last birthday) 50 10. 10 11. 22
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Herrin Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME John Clem	13b. MOTHER'S MAIDEN NAME Mattie Baxter	14. NAME OF HUSBAND Carl Barker Frankfort Ill
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Unknown	17. INFORMANT'S SIGNATURE OR NAME Carl Barker ADDRESS West Frankfort Illinois
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of Skull: Epidural Hematoma, apparently suffered		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) in fall in kitchen of house at West Frankfort, Ill. DUE TO (c) about 400 feet. Feb 9 1954		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION. Accident	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) House	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) West Frankfort Ill
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 9 54 4:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E9030
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22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 2:51 p.m., from the causes and on the date stated above. 20

23a. SIGNATURE Patrick J. Taylor, Coroner	23b. ADDRESS 3rd Clark 812	23c. DATE SIGNED 2/13/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-12-54	24c. NAME OF CEMETERY OR CREMATORY Tower Heights	24d. LOCATION (City, town, or county) (State) West Frankfort Ill
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DATE REC'D BY LOCAL REG. FEB 18 1954	REGISTERAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Eaton P. Penick*

Licensed Embalmer No. *42*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.