

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12681**

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 173	
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion			
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. LENGTH OF STAY (in this place) 1 hour		c. CITY OR TOWN Hannibal		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 Levering Hospital				e. STREET ADDRESS (If rural, give location) 211 Dowling			
3. NAME OF DECEASED (Type or Print) a. (First) Carrie Iola Barker			b. (Middle)			c. (Last)	
4. DATE OF DEATH April 15, 1954		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH September 10, 1882		9. AGE (In years, last birthday) 71		IF UNDER 1 YEAR Months 7 Days 5		IF UNDER 24 HRS. Hours 5 Min.	
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) Clarksville Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Nicholas Zumwalt			13b. MOTHER'S MAIDEN NAME Lorraine Lusby			14. NAME OF HUSBAND OR WIFE William M. Barker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. XX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William M. Barker 211 Dowling Hannibal Mo.			
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* (a) Coronary occlusion				INTERVAL BETWEEN ONSET AND DEATH 1 hour	
		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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased xxx April 15, 1954 , to _____, 19____, that I last saw the deceased alive on April 15, 1954 , and that death occurred at 1:25P m., from the causes and on the date stated above.							
23a. SIGNATURE <i>D. Chilton M.D.</i>			23b. ADDRESS 500 Broadway Hannibal, Mo.			23c. DATE SIGNED 4/16/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/17/54		24c. NAME OF CEMETERY OR CREMATORY Mount Olivet,		24d. LOCATION (City, town, or county) (State) Hannibal Missouri	
DATE REC'D BY LOCAL REG. 4-20-54		REGISTRAR'S SIGNATURE <i>Dr. E. M. Lucke</i>		FURNERAL DIRECTOR'S SIGNATURE <i>By W. T. ...</i>		ADDRESS Hannibal Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

644
0p. 300
p. 48

RECEIVED APR 28 1958
MARION CO. HEALTH DEPT
DATE FILED APR 28 1958

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 *John L. Stans*
Licensed Embalmer No. 4540

P. O. Address ... Hannibal, Miss

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.