

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED FEB 9 1955

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

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 6022 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Ray</u> <u>0890</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Richmond Twp.</u>		c. LENGTH OF STAY (in this place) <u>1 hour</u>	c. CITY OR TOWN <u>Lexington</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1 mile south Henrietta, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>Maple Grove Park</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>WINIFRED</u> c. (Last) <u>BARKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 30, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>March 15, 1927</u>
9. AGE (In years last birthday) <u>27</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm laborer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lafayette County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Jim Barker</u>	13b. MOTHER'S MAIDEN NAME <u>Lizzie Huffman</u>	14. NAME OF HUSBAND OR WIFE <u>Never married</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>493-34-5891</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jim Barker, Odessa, Missouri</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.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal Hemorrhage</u>			
ANTECEDENT CAUSES DUE TO (b) <u>Chest caged in</u>			
DUE TO (c) <u>Automobile Accident</u>			
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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 13</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Henrietta Ray 089 Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan. 30, 1955 12:20 a.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>Car turned over</u>	
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 _____ m., from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) <u>John F. Cober, Coroner</u>		23b. ADDRESS <u>Richmond, Missouri</u>	23c. DATE SIGNED <u>2-1-1955</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-1-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Barker Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lafayette County, Mo.</u>
DATE REC'D BY LOCAL REG. <u>2-9-55</u>	REGISTRAR'S SIGNATURE <u>Walter A. Bridges</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas J. Carter, Richmond, Mo</u>	

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 *Thomas J. Carter*.....

Licensed Embalmer No...*447*.....

P. O. Address *Richmond*.....

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.