

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **7884**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5466** Registrar's No. **229**

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, write RURAL, and give township) <b>R. S. Campbell</b> OR TOWN <b>SPRINGFIELD</b>		c. LENGTH OF STAY (In this place) <b>25 YRS.</b>	c. CITY OR TOWN <b>SPRINGFIELD</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2729 W. LINCOLN, R. R. #7</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>ROUTE # 7</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>NIMROD</b> b. (Middle) <b>JACKSON</b> c. (Last) <b>BARKER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 12 1955</b>		
5. SEX <b>MALE</b> <b>0</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>DEC. 20 1871</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMER</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>SHELBYVILLE, ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>JACK J. BARKER</b>		13b. MOTHER'S MAIDEN NAME <b>Virginia F. Gillock</b>		14. NAME OF HUSBAND OR WIFE <b>MARTHA E. BARKER (DECEASED)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, year or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. FLOYD PENN SPRINGFIELD, MO.</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
	DUE TO (c) <b>Arteriosclerosis and heart</b>		
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)	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 from **March 4, 1955**, to **March 12, 1955**, that I last saw the deceased alive on **March 8, 1955**, and that death occurred at **10 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Newton W. Walker M.D.</b>		23b. ADDRESS <b>626 Woodhull Bldg.</b>		23c. DATE SIGNED <b>3-14-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>3/14/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>RASPLAWN</b>	24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MISSOURI</b>		
DATE REC'D BY LOCAL REG. <b>3-14-55</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	25. PUBLIC HEALTH DIRECTOR'S SIGNATURE ADDRESS <b>SPRINGFIELD, MO.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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 *Gene C. Hunter* .....

Licensed Embalmer No. *475* .....

P. O. Address *Springfield* .....

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.