

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1271**
Registrar's No. **65**

FILED JAN 25 1956

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | | c. CITY OR TOWN SANTANTA | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 10 days | | e. STREET ADDRESS (If rural, give location) ROUTE # 2 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL | | | |

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| 3. NAME OF DECEASED (Type or Print) RAY | a. (First) _____ | b. (Middle) O. | c. (Last) BARKER | 4. DATE OF DEATH (Month) (Day) (Year) January 6, 1956 |
|--|------------------|-----------------------|-------------------------|--|

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|--------------------|-------------------------------|---|---------------------------------------|---|---|---|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH April 2, 1919 | 9. AGE (In years by birthday) 36 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|---------------------------------------|---|---|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman | 10b. KIND OF BUSINESS OR INDUSTRY Carbon Industry | 11. BIRTHPLACE (City and State or Foreign Country) Pettigrew, Arkansas | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Charlie B. Barker | 13b. MOTHER'S MAIDEN NAME Fannie Swanson | 14. NAME OF HUSBAND OR WIFE Marvis |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWII | 16. SOCIAL SECURITY NO. unknown | 17. INFORMANT'S SIGNATURE OR NAME VA Hospital Official Records, K. C. Mo. | ADDRESS _____ |
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| 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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema Broncho-pneumonia | | Terminal |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. DUE TO (b) Acute Nephritis DUE TO (c) Multiple Myeloma | | 1-month 18-months |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple fractured ribs due to "C" | | 203x | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) _____ |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) VA | 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 **December 27, 1955**, to **January 6, 1956**, ~~XXXXXXXXXXXXXXXXXXXX~~ ~~XXXXXXXXXXXXXXXXXXXX~~ and that death occurred at **4:50A** m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) GUIDO PODRECCA, M.D. Guido Podrecca | 23b. ADDRESS VA Hospital, Kansas City, Mo. | 23c. DATE SIGNED 1/6/56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 24b. DATE JAN 6, 1956 | 24c. NAME OF CEMETERY OR CREMATORY _____ | 24d. LOCATION (City, town, or county) (State) Stillwell, Oklahoma |
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| DATE REC'D BY LOCAL REG. 1-7-56 | REGISTRAR'S SIGNATURE Neva Marshall | 25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWSOMERS SONS | ADDRESS KANSAS CITY, MO. |
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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.....
Basil V. Honey

Licensed Embalmer No. *472*

P. O. Address *K.C., Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.