

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3734

State File No.

FILED FEB 28 1956

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 1024 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). - a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Cassville</u>		c. CITY OR TOWN <u>Cassville</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>13 years</u>		e. STREET ADDRESS (If rural, give location) <u>RR 505 Gravel Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>505 Gravel Street</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EFFIE</u>	b. (Middle) <u>LOUISA</u>	c. (Last) <u>BARKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 20, 1956</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Apr. 22, 1878</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hardin County, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Seth Francis Hammer</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Jane Batin</u>	14. NAME OF HUSBAND OR WIFE <u>Ezra Lee Barker</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>E. L. Barker-Cassville, Missouri</u>	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 <u>2 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u>		<u>10 years.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary fibrosis</u> 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"/>
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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) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from May 4, 1954, to Feb 20, 1956, that I last saw the deceased alive on Feb 13, 1956, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>William A. Michael</u> (Degree or title) <u>Head</u>	23b. ADDRESS <u>Cassville, Mo</u>	23c. DATE SIGNED <u>Feb 20, 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-23, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newton Park Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-21-56</u>	REGISTRAR'S SIGNATURE <u>Mary McDonald</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Margaret C. Herbert</u>	ADDRESS <u>Culver Funeral Home-Cassville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 256-32

DATE REC. 2-27-56

VS MAY 15 1959

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 *Margaret C. Henbest*.....

Licensed Embalmer No. *4389*.....

P. O. Address *Cassville*.....

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.