

FILED MAR 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8987

State File No.

BIRTH NO. 89197-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 100 Registrar's No. 972

1. PLACE OF DEATH Childrens Mercy Hospital
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission).
a. STATE Missouri b. COUNTY Lafayette

b. CITY (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 35 days

c. CITY OR TOWN Odessa
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Childrens Mercy Hospital

e. STREET ADDRESS (If rural, give location) RR # 2 0540

3. NAME OF DECEASED (Type or Print)
a. (First) Linda b. (Middle) Gail c. (Last) Barker

4. DATE OF DEATH (Month) (Day) (Year) 3-5-56

5. SEX Female

6. COLOR OR RACE White

7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH 12/4/55

9. AGE (in years - last birthday) 3 IF UNDER 1 YEAR Months 1 Days 1 IF UNDER 24 HRS. Hours 1 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (City and State or Foreign Country) Lexington Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME Judith Barker

14. NAME OF HUSBAND OR WIFE infant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Mrs. Harvey Barker, Grandmother ADDRESS Odessa 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diarrhea with Acute Dehydration
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.

INTERVAL BETWEEN ONSET AND DEATH

5710

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/31/56, 1956, to 3/5, 1956, that I last saw the deceased alive on 3/5, 1956, and that death occurred at 11:40 p. m., from the causes and on the date stated above.

23a. SIGNATURE Wayne Hart (Degree or title) MD

23b. ADDRESS Mercy Hospital 23c. DATE SIGNED 3/5/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 3-6-56

24c. NAME OF CEMETERY OR CREMATORY Granton Cemetery

24d. LOCATION (City, town, or county) (State) Odessa MO.

DATE REC'D BY LOCAL REG. 3-6-56 REGISTRAR'S SIGNATURE Neva Minshall

25. FUNERAL DIRECTOR'S SIGNATURE Hessman Sparks ADDRESS Odessa, Mo.

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 *William T. Sparks*

Licensed Embalmer No. *443*

P. O. Address *Odessa*

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.