

FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15369**BIRTH NO. _____ REG. DIST. NO. **370** PRIMARY REG. DIST. NO. **6258** Registrar's No. **51**

1. PLACE OF DEATH a. COUNTY Wayne		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wayne	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lowndes		c. CITY OR TOWN Lowndes	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION L		e. STREET ADDRESS (If rural, give location) 1110	

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Ely	c. (Last) Barks	4. DATE OF DEATH (Month) (Day) (Year)	4 2 56
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 10, 1890	9. AGE (In years last birthday)	65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Lowndes, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.		

13a. FATHER'S NAME Johnathan Barks	13b. MOTHER'S MAIDEN NAME Lutcia Poston	14. NAME OF HUSBAND OR WIFE Junia Katherine Barks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. NO.	17. INFORMANT'S SIGNATURE OR NAME Junia Katherine Barks
		ADDRESS Lowndes, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Duodenal ulcer		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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"/>
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) 5410
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 **3-22-56**, 19____, to **3-27-56**, 19____, that I last saw the deceased alive on **3-27**, 19**56**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>John R. Lusk</i>	(Degree or title) MD	23b. ADDRESS Poplar Bluff, Mo.	23c. DATE SIGNED 4-7-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 4, 1956	24c. NAME OF CEMETERY OR CREMATORY Dixon Cemetery	24d. LOCATION (City, town, or county) (State) Hiram, Mo.

DATE REC'D BY LOCAL REG. April 14 1956	REGISTRAR'S SIGNATURE <i>Getta M. Ward</i>	25. FUNERAL DIRECTOR'S SIGNATURE Gish Funeral Home	ADDRESS Greenville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

WAYNE CO. HEALTH CENTER
FILE NO. 1500

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 me, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 44

P. O. Address Fiedman

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