Health, Welfare Public Service

300
1-57

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be accepted.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 3 - 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005069
STATE FILE NUMBER 180

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 180

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 321 N. Marion — Length of stay in Ib 30 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield 0396 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 321 N. Marion — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First MARGARET Middle E. Last BARKER

4. DATE OF DEATH Month Feb. Day 21, Year 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 29 Dec. 1890
9. AGE (In years last birthday) 67 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) South Dakota
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Satchel
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Jess Barker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT Jess Barker Address Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Terminal Uremia — INTERVAL BETWEEN ONSET AND DEATH 1 WEEK
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage — 10 Days
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1945, to 2-21-58 and last saw her/him alive on 2-20-58
Death occurred at 1:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm. Sampson (Degree or title) D.O. 2
22b. ADDRESS Landers Building Springfield, Missouri
22c. DATE SIGNED 2-24-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-26-58
23c. NAME OF CEMETERY OR CREMATORY Brighton Cemetery
23d. LOCATION (City, town, or county) (State) Brighton, Mo.

24. FUNERAL DIRECTOR J. W. Klingner & Co. ADDRESS Spgfd. Mo.
25. DATE RECD. BY LOCAL REG. 2-26-58
26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

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 J B K [illegible]

Licensed Embalmer No. 3358

P. O. Address .....

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.