

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039808

State File No. ....

5310

No. 300  
10.48

FILED NOV 24 1958

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City,</b>		c. LENGTH OF STAY (In this place) <b>7 months</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1600 Benton Blvd.</b>		e. STREET ADDRESS (If rural, give location) <b>1600 Benton Blvd.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Henry</b> c. (Last) <b>Barker</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 9, 1958</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 25, 1882</b>
9. AGE (In years last birthday) <b>76</b>	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) <b>Gardner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Springfield, Missouri</b>
		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>Berry Barker</b>		13b. MOTHER'S MAIDEN NAME <b>Jane Aikins</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Hayes</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>491-03-7548A</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Melba White, 1600 Benton, K.C. Mo.</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>  ANTECEDENT CAUSES DUE TO (b) <b>Coronary Heart Disease</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
		INTERVAL BETWEEN ONSET AND DEATH <b>5 months</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)	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 <b>May 12</b> , 19 <b>58</b> , to <b>Nov. 9</b> , 19 <b>58</b> , that I last saw the deceased alive on <b>Nov. 9</b> , 19 <b>58</b> , and that death occurred at <b>1:30A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS (Degree or title) <b>M.D.</b> <b>1433 E. 19th St.</b>	23c. DATE SIGNED <b>11-10-58</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11/10/58</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>
DATE REC'D BY LOCAL REG. <b>11-10-1958</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i> <b>Neva Minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mrs. MeeK's Mortuary, K. C. Mo.</b>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD P.C. Turner



**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 *Malcolm B. Pasken*.....

Licensed Embalmer No. *501*

P. O. Address *W. C.*

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