

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010020

STATE FILE NUMBER

FILED MAR 19 1959

Registration District No. 171 Primary Registration District No. 5638 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNT Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Sniabar Twns. TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Sniabar Twns 0540 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 12 Mi. SW of Odessa		Length of stay in 1b 1 yrs.	d. STREET ADDRESS 12 Mi. SW of Odessa Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)
First Middle Last
George William Barker

4. DATE OF DEATH
Month Day Year
March 16, 1959

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 7, 1880	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
-------------	------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------	------------------------------------	-------------------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Lafayette Co., Mo.	12. CITIZEN OF WHAT COUNTRY?
-------------------------------------------------------------------------------------------------------	-----------------------------------	------------------------------------------------------------------	------------------------------

13. FATHER'S NAME Mathew Marker

14. MOTHER'S MAIDEN NAME Polly McClure

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. 489-42-5165	17. INFORMANT Address Howard L. Barker, Odessa, Mo.
-----------------------------------------------------------------------------------------------------------------	-------------------------------------	--------------------------------------------------------

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) _____
DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
4201

INTERVAL BETWEEN ONSET AND DEATH
Sudden

19. WAS AUTOPSY PERFORMED?
YES NO 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 Month, Day, Year
a. m. p. m.

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 3/16/59 to _____ and last saw him alive on did not

Death occurred at 230 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.

21a. SIGNATURE (Degree or title)
J. O. Davidson MD

22b. ADDRESS
Oak Grove, Mo

22c. DATE SIGNED
3-16-59

23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar. 18, 1959	23c. NAME OF CEMETERY OR CREMATORY Greenton Cemetery	23d. LOCATION (City, town, or county) (State) Near Odessa, Mo.
----------------------------------------------------	----------------------------	---------------------------------------------------------	-------------------------------------------------------------------

24. FUNERAL DIRECTOR Husman-Sparks, ADDRESS Odessa, Mo.	25. DATE RECD. BY LOCAL REG. 3-16-59	26. REGISTRAR'S SIGNATURE Emma Davidson
------------------------------------------------------------------	-----------------------------------------	--------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

alth, Affairs, Public Service

00 56

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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....4.

P. O. Address *Odessa*.....

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