

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012557
STATE FILE NUMBER

FILED APR 20 1959 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 135

| | | | | | |
|--|---------------------------|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Cape | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wayne | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Lowndes | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION South East Mo. | | Length of stay in 1b 5 weeks | d. STREET ADDRESS (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Cora Virginia Barks | | | 4. DATE OF DEATH Month Day Year Apr. 15, 1959 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH May 26, 1888 | | 9. AGE (In years) 169 (Birth day) |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher | | 10b. KIND OF BUSINESS OR INDUSTRY Elementary School | 11. BIRTHPLACE (City and state or country) Lowndes, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Clay Haddock | | 13b. MOTHER'S MAIDEN NAME Sophronia Frederick | | 14. NAME OF HUSBAND OR WIFE Lawson Elijah Barks | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mildred Dunn Address Cape Girardeau, 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) Arteriosclerotic Heart Disease | | | | | INTERVAL BETWEEN ONSET AND DEATH 3 years |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Parkinson's Disease | | | | | 5 years |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arthritis, rheumatoid | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4200 | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION Lowndes, Mo. | | STATE | |
| 21. I attended the deceased from Sept. 16, 1953 to Apr. 15, 1959 and last saw her alive on Apr. 15, 1959 Death occurred at 9:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Edward D. Campbell | | | 22b. ADDRESS Cape Girardeau, Mo. | | 22c. DATE SIGNED 4-17-59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or country) (State) |
| Burial | | Apr. 17, 1959 | Fronabarger | | Lowndes, Mo. |
| 24. FUNERAL DIRECTOR Gish Funeral Home ADDRESS Greenville, Mo. | | | 25. DATE RECD. BY LOCAL REG. 4-18-59 | | 26. REGISTRAR'S SIGNATURE Irene Kasten |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Morris E. Bowles

Licensed Embalmer No. 4426

P. O. Address. Piedmont, N.C.

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.