

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024939

FILED VS. JUL 27 1959

STATE FILE NUMBER

Registration District No. 41 Primary Registration District No. 3-2-5 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Plains</u> <u>Rur. 1</u>	Length of stay in 1b <u>14 years</u>	c. CITY OR TOWN <u>Ponona</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits <u>X</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Route 2</u>
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Clarence</u> Middle <u>Raymond</u> Last <u>Barks</u>			4. DATE OF DEATH Month <u>July</u> Day <u>15</u> Year <u>1959</u>			
--	--	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-3-1902</u>	9. AGE (last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
-----------------------	----------------------------------	---	-------------------------------------	-------------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Doniphan, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
---	---	---	---

13a. FATHER'S NAME <u>John Henry Barks</u>	13b. MOTHER'S MAIDEN NAME <u>Isavillia Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>Flora Alice Barks</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>	16. SOCIAL SECURITY NO. <u>500-01-5512</u>	17. INFORMANT <u>Flora A. Barks, R 2, Ponona, Missouri</u>
---	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Hypertension &</u>	<u>years.</u>
	DUE TO (c) <u>Arteriosclerosis</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

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.)
---	---	--

20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>	Month, Day, Year <u> </u> <u> </u> <u> </u>
---	--

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>West Plains</u>	COUNTY <u>Howell</u>	STATE <u>Missouri</u>
--	--	--	----------------------	-----------------------

21. I attended the deceased from 10-27-56 to 7-17-59 and last saw her/him alive on 8 AM.
Death occurred at 3:25 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J B Still M.D.</u> (Degree or title)	22b. ADDRESS <u>West Plains</u>	22c. DATE SIGNED <u>7/20/59</u>
---	------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-16-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Liberty Cemetery</u>	23d. LOCATION (City, town, or county) <u>Howell County, Missouri</u>
--	-----------------------------	---	---

24. FUNERAL DIRECTOR <u>Edward Carter West Plains</u>	ADDRESS <u>West Plains</u>	25. DATE RECD. BY LOCAL REG. <u>7-23-59</u>	26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>
--	-------------------------------	--	---

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

89th 88 1000

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leland Carter

Licensed Embalmer No. 451

P. O. Address West O

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