

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035098

FILED VS NOV 16 1959

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 142

STATE FILE NUMBER

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| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) | |
| a. COUNTY <u>Barry</u> | e. STATE <u>Mo</u> b. COUNTY <u>Laurance</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Monett</u> | Length of stay in 1b <u>2 weeks</u> | c. CITY OR TOWN <u>Mt Vernon</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Vincent Hosp.</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|---------------------------|--|---|----------------------------------|
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | |
| First <u>Clara</u> | Middle <u>Etta</u> | Last <u>Barker</u> | Month <u>Nov</u> | Day <u>1</u> Year <u>1959</u> |
| 5. SEX <u>Fe</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2-2-1876</u> | 9. AGE (last birthday) <u>83</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Trade Co. Mo</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>Felix E. Hammer</u> | 13b. MOTHER'S MAIDEN NAME <u>Angeline Parker</u> | 14. NAME OF HUSBAND OR WIFE <u>Alex D. Barker</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u></u> | 17. INFORMANT <u>Jayne Ruth Bell - Mt Vernon, Mo.</u> |

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| 18. CAUSE OF DEATH (Enter only one cause per line) | | INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs Unknown</u> |
| PART I. ENTER WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia bilateral basal</u> | | |
| DUE TO (b) <u>Arteriosclerotic heart disease</u> | | |
| DUE TO (c) <u>Emphysema</u> | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Disverticulosis - ebowage</u> | | |

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

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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u> | 20f. CITY, TOWN, OR LOCATION <u></u> COUNTY <u></u> STATE <u></u> |
| 21. I attended the deceased from <u>4/18/52</u> to <u>11/1/59</u> and last saw her <u>live</u> on <u>10/31/59</u> . Death occurred at <u>2:09 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | |

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| 22a. SIGNATURE <u>Kenneth Glover MD</u> | (Degree or title) <u>MD</u> | 22b. ADDRESS <u>Mt Vernon, Mo</u> | 22c. DATE SIGNED <u>11/2/59</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>11-3-59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Mt Vernon Mo.</u> (State) |

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| 24. FUNERAL DIRECTOR <u>Max L. Foyett</u> | ADDRESS <u>Mt Vernon, Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>11-3-59</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs. P. N. Cook</u> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Max L. Fournet

Licensed Embalmer No. 4252

P. O. Address M. Union

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.