

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007247

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 129

FILED MAR 8 1963

DO NOT WRITE ON THIS STUD

AMENDED

VS 300 Rev. 4/59

6499  
28150

3  
4 1  
5 1  
6  
7 1  
8 2

9527.2

10

11

124-0  
132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u>		Length of stay in 1b <u>4 Days</u>	c. CITY OR TOWN <u>Galena</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>Freeman Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>305 East Empire</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>HILDRETH JAUNITA BARKER</u>			4. DATE OF DEATH Month Day Year <u>March 1 1963</u>
5. SEX <u>Female</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>Jan 9, 1919</u> 9. AGE (last birthday) <u>44</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nursing home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>nursing</u>	11. BIRTHPLACE (City and state or country) <u>Goodrich, Kansas</u> 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>John Thomas Haverfield</u>		13b. MOTHER'S MAIDEN NAME <u>Jessie Robbins</u>	14. NAME OF HUSBAND OR WIFE <u>Lawrence Barker</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of)		16. SOCIAL SECURITY NO. <u>[redacted]</u>	17. INFORMANT Address <u>Lawrence Barker, Galena, Kansas</u>
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute pulmonary edema</u> 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) <u>diabetes</u>			INTERVAL BETWEEN ONSET AND DEATH _____
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 <u>1:30</u> a.m. p.m. Month, Day, Year	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 COUNTY STATE
21. I attended the deceased from <u>2-26-63</u> to <u>3-1-63</u> and last saw her alive on <u>3-1-63</u> Death occurred at <u>3:20</u> p m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>C. S. Adams M.D.</u>		22b. ADDRESS <u>Galena, Kansas</u>	22c. DATE SIGNED <u>3-4-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Mar 4 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL (Oak Hill Cem)</u>	23d. LOCATION (City, town, or county) (State) <u>GALENA KANSAS</u>
24. FUNERAL DIRECTOR ADDRESS <u>KITCH-HURLEY MORTUARY GALENA, KAN.</u>		25. DATE RECD. BY LOCAL REG. <u>3-5-1963</u>	26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate <sup>did not Embalm</sup> ~~was embalmed~~ by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harvey E. Amice

Licensed Embalmer No. 4463

P. O. Address Joplin, Mo

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.