

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031822

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 162 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED AUG 28 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY DUNKLIN</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KENNETT Length of stay in 1b 3 Weeks</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DUNKLIN CO. HOSPITAL Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE MISSOURI b. COUNTY DUNKLIN</p> <p>c. CITY OR TOWN MALDEN Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) 608 W. LACLEDE ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First Middle Last MYRTLE LOUISE BARKER</p>	
<p>4. DATE OF DEATH Month Day Year JULY 26 1963</p>	
<p>5. SEX FEMALE</p>	<p>6. COLOR OR RACE WHITE</p>
<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 8-21-1930 9. AGE (last birthday) 32 Yr 3 Months 0 Days 0 Hours 0 Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE</p>	<p>10b. KIND OF BUSINESS OR INDUSTRY</p>
<p>11. BIRTHPLACE (City and state or country) CATRON, MISSOURI 12. CITIZEN OF WHAT COUNTRY U.S.A.</p>	
<p>13a. FATHER'S NAME ERNEST RICHARDSON</p>	<p>13b. MOTHER'S MAIDEN NAME IRENE RAINES</p>
<p>14. NAME OF HUSBAND OR WIFE ERNEST BARKER</p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> or unknown) (If yes, give war or dates of service) NO</p>	<p>16. SOCIAL SECURITY NO.</p>
<p>17. INFORMANT Address ERNEST BARKER, MALDEN, MO.</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) Septicemia & shock</p> <p style="text-align: center;">DUE TO (b) Pyelonephritis (pseudomonas)</p> <p style="text-align: center;">DUE TO (c) acute secondary to pyruvate</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) Coccyx section 7-20-63; 7-26-63 drainage at bedside</p>	
<p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>
<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from 7-20-63 to 7-26-63 and last saw her alive on 7-26-63</p> <p>Death occurred at 10:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) Paul M. Mitchell M.D.</p>	<p>22b. ADDRESS Kennett, Mo. 22c. DATE SIGNED 8-15-63</p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL</p>	<p>23b. DATE 7-29-1963 23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK</p>
<p>23d. LOCATION (City, town, or county) (State) MALDEN, DUNKLIN, MO.</p>	
<p>24. FUNERAL DIRECTOR ADDRESS DAY & KNIGHT, F.H., MALDEN, MO.</p>	<p>25. DATE RECD. BY LOCAL REG. 8-20-1963 REGISTRAR'S SIGNATURE Carl H. ...</p>

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 was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

J. J. Khaiman

Licensed Embalmer No. 4086

P. O. Address Malden

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.