

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28500**  
**3826**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Liberty</b>	
c. LENGTH OF STAY (in this place) <b>10 Days</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wheatley Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>328 Choctaw</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Dulcenia</b>	b. (Middle) <b>(none)</b>	c. (Last) <b>Barker</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 29, 1953</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>August 27, 1892</b>	9. AGE (In years last birthday) <b>62</b>	# UNDER 1 YEAR Months <b>11</b> Days <b>2</b>	# UNDER 100 Hrs. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Liberty, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. S.</b>
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13a. FATHER'S NAME <b>Columbus Barker</b>	13b. MOTHER'S MAIDEN NAME <b>Alice Sallie</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>494-12-0426</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Agnes Johnson</b>	ADDRESS <b>2302 Tracey, Kansas city, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2d</b>  <b>1wh</b>  <b>153X</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ca of Colon</b>		
	DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **7-16** <sup>1953</sup> to **7-28**, 1953, that I last saw the deceased alive on **7-28**, 1953, and that death occurred at **1:42 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. A. Nigro</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>6527 Mc Lee</b>	23c. DATE SIGNED <b>7-30-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>7-29-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Liberty, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>8-3-53</b>	REGISTRAR'S SIGNATURE <b>Sealdine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Church-Archer Co.</b>	ADDRESS <b>Liberty, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 .....  
Student Embalmer

Signed *Harold G. Smith*

Licensed Embalmer No. *4575*

P. O. Address *Safety, Mass.*

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 this body is not embalmed, fact should be so stated above.