

FILED APR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5655 Registrar's No. 205

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Mt. Vernon, Mo.)		c. CITY (If outside corporate limits, write RURAL and give township) Neosho, Missouri	
c. LENGTH OF STAY (in this place) 44 days		d. STREET ADDRESS (If rural, give location) 144 S. High,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State Sanatorium			

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle)	c. (Last) Barlow	4. DATE OF DEATH (Month) (Day) (Year) 3-23-1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-15-80	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Groceryman	10b. KIND OF BUSINESS OR INDUSTRY Grocery Store	11. BIRTHPLACE (State or foreign country) Neosho, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Biot Barlow	13b. MOTHER'S MAIDEN NAME Mary Price	14. NAME OF HUSBAND OR WIFE Diva Barlow
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ethel McMichael, Record Clerk, Mt. Vernon	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH About 5 yrs. NO2X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adherent Pericardium		
	ANTECEDENT CAUSES DUE TO (b) Tuberculous Pericarditis DUE TO (c) Pulmonary Tuberculosis		
II. 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 checked="" type="checkbox"/> NO <input 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) (m.)	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 **February 8, 1950, to March 23, 1950**, that I last saw the deceased alive on **March 23, 1950**, and that death occurred at **2:00 am.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title)	23b. ADDRESS Mt. Vernon, Mo.	23c. DATE SIGNED 3-23-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) removed	24b. DATE Mar. 23, 1950	24c. NAME OF CEMETERY OR CREMATORY Unknown	24d. LOCATION (City, town, or county) (State) Neosho, Mo.
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DATE REC'D BY LOCAL REG. March 23, 1950	REGISTRAR'S SIGNATURE <i>[Signature]</i>	411	25. FUNERAL DIRECTOR'S SIGNATURE Jesse O. Sullens	ADDRESS Neosho, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 30 1951

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

Jose Dilleris

Licensed Embalmer No. 4646

P. O. Address Neesho, 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 this body is not embalmed, fact should be so stated above.