

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22268

State File No.

Registrar's No. 215

No. 300
10-48

FILED AUG 14 1951

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>44 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>0890</u>		d. STREET ADDRESS (If rural, give location) <u>Ralls County, Mo. 1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hoop No. 1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>D.</u>	c. (Last) <u>Barlow</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 8 1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>OK</u>	9. AGE (In years last birthday) <u>89</u>	UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 MRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DK</u>	11. BIRTHPLACE (State or foreign country) <u>DK 9</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA?</u>
13a. FATHER'S NAME <u>DK</u>		13b. MOTHER'S MAIDEN NAME <u>DK</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>DK</u>		16. SOCIAL SECURITY NO. <u>DK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records Fulton Mo</u> ADDRESS _____		
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-vascular-renal Disease</u>		INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility & Psychosis</u> DUE TO (c) _____					
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? <u>442X</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) _____		
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? _____		
22. I hereby certify that I attended the deceased from <u>5-7</u> , 1951, to <u>8-8</u> , 1951, that I last saw the deceased alive on <u>8-8</u> , 1951, and that death occurred at <u>5:15 P.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Allen McNeary MD</u>		23b. ADDRESS <u>State Hoop No. 1</u>		23c. DATE SIGNED <u>8-8-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Aug 9, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Perry</u>	24d. LOCATION (City, town, or county) (State) <u>Perry, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Aug-11-1951</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Margie Ferguson</u> ADDRESS <u>Funeral Home, Fulton Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

143
2

File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 13 1951

RECEIVED

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 Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, Md.

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.