

FEB 23 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5776

BIRTH NO. 124 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 5783 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Iberia, Richwoods TWP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Iberia, Richwoods Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Andrew b. (Middle) c. (Last) Barlow			4. DATE OF DEATH (Month) (Day) (Year) Jan. 29, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 9, 1882	9. AGE (In years last birthday) 69	10. UNDER 1 YEAR 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James Barlow		13b. MOTHER'S MAIDEN NAME Margaret Seuters	
14. NAME OF HUSBAND OR WIFE Cyrilda Jane Barlow		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Swrilda Barlow		18. ADDRESS Iberia, Mo.		19. MEDICAL CERTIFICATION	

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, assthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis  DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH Immediate  yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: 4201		20. AUTOPSY? 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 Nov. 5, 1949, to Jan. 29th, 1952, that I last saw the deceased alive on Jan. 19th, 1952, and that death occurred at 6:30pm., from the causes and on the date stated above.

23a. SIGNATURE W.M.A. Gould (Degree or title) D.O.		23b. ADDRESS Iberia; Mo.		23c. DATE SIGNED 2/1/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 1/1952		24c. NAME OF CEMETERY OR CREMATORY Hickory Point Cemetery	
24d. LOCATION (City, town, or county) (State) Iberia, Punal Mo.		DATE REC'D BY LOCAL REG. Feb-10-1952		REGISTRAR'S SIGNATURE Jessie Perkins	
GENERAL DIRECTOR'S SIGNATURE		ADDRESS		Wedge Road, New Creole, Mo.	

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 \_\_\_\_\_

*Walter Hedges*

Licensed Embalmer No. \_\_\_\_\_

*4265*

P. O. Address \_\_\_\_\_

*Shenandoah*

**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.