

S. No. 300  
Ev. 10.45

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41462**  
Registrar's No. **85**

DEC 31 1952

REG. DIST. NO. 15

PRIMARY REG. DIST. NO. 3004

BIRTH NO. _____		REG. DIST. NO. 15		PRIMARY REG. DIST. NO. 3004		State File No. 41462		Registrar's No. 85		
1. PLACE OF DEATH a. COUNTY Barton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Peoria						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar			c. LENGTH OF STAY (in this place) 9 hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Peoria 2120					
d. FULL NAME OF HOSPITAL OR INSTITUTION Barton County Memorial Hospital				d. STREET ADDRESS (If rural, give location) 610 First Street 8						
3. NAME OF DECEASED (Type or Print) HAROLD			a. (First)		b. (Middle) DALE		c. (Last) BARROW		4. DATE OF DEATH (Month) (Day) (Year) Dec 25 1952	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH Nov 17 1930		9. AGE (In years last birthday) 22	10. UNDER 1 YEAR Days 1	11. UNDER 1 YEAR Hours 28	12. UNDER 1 YEAR Min. _____	12. CITIZEN OF WHAT COUNTRY? US
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist			10b. KIND OF BUSINESS OR INDUSTRY Caterpillar Co.		11. BIRTHPLACE (State or foreign country) Willey, Colorado 1			12. CITIZEN OF WHAT COUNTRY? US		
13a. FATHER'S NAME George F. Barrow			13b. MOTHER'S MAIDEN NAME Mary E. Beydler			14. NAME OF HUSBAND OR WIFE Charlotte Streivel Barrow				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		(If yes, give war or dates of service) XXX		16. SOCIAL SECURITY NO. 510-28-4952		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lt. Paul Golden, Camp Crowder, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull and multiple fractures							INTERVAL BETWEEN ONSET AND DEATH 9 hrs	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chest injury							" "	
		DUE TO (c) _____								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 88164 26								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 71			21c. (CITY, TOWN, OR TOWNSHIP) Barton County, Mo.		(COUNTY)		(STATE)	
21d. TIME OF INJURY Dec 24 1952 4p m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Headon automobile collision						
22. I hereby certify that I attended the deceased from Dec 24, 1952, to Dec 25, 1952, that I last saw the deceased alive on Dec 25, 1952, and that death occurred at 1:25 a. m., from the causes and on the date stated above.										
23a. SIGNATURE A. R. Cain (Degree or title)					23b. ADDRESS Lamar, Mo.			23c. DATE SIGNED 12/26/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Dec 27 1952		24c. NAME OF CEMETERY OR CREMATORY Braasher Cemetery		24d. LOCATION (City, town, or county) Jerico Springs, Mo. (State)				
DATE REC'D BY LOCAL REG. DEC 25 1952		REGISTRAR'S SIGNATURE Marie Konantz 14-0			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Long Funeral Home, Jerico Springs, Mo.					

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

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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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed

*Carl H. Konantz*

Licensed Embalmer No

*2247*

P. O. Address

*Lamar, 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.