

STANDARD CERTIFICATE OF DEATH

21152

State File No.

S. No. 300
V. 10.48

FILED JUL 7 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>99</u>		PRIMARY REG. DIST. NO. <u>5361</u>		Registrar's No. <u>57</u>		
1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jarvis</u>				
b. CITY OR TOWN <u>Jamesport Rural Jackson, Mo</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Jamesport Rural Jackson</u>		d. STREET ADDRESS (If rural, give location) <u>0318</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) <u>EFFRA SURETTA TBARLOW</u>			a. (First) <u>EFFRA</u>			b. (Middle) <u>SURETTA</u>		
c. (Last) <u>TBARLOW</u>			4. DATE OF DEATH <u>June 25-1953</u>			(Month) (Day) (Year)		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 23-1881</u>		
9. AGE (in years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (in years last birthday) <u>7</u>		
11. BIRTHPLACE (State or foreign country) <u>Livingston County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>George Hopkins</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Gibbens</u>		
14. NAME OF HUSBAND OR WIFE <u>Charles T Barlow</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Barlow - Jamesport</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aciculus tuberculosa</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 wk.</u>		
ANTECEDENT CAUSES		DUE TO (b) <u>Chronic Myocarditis</u>						
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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? 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) (Min.)		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				4222		
22. I hereby certify that I attended the deceased from <u>June 11</u> , 19 <u>53</u> , to <u>June 25</u> , 19 <u>53</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>F. B. Baird</u> (Degree or title)				23b. ADDRESS <u>Jamesport, Mo</u>		23c. DATE SIGNED <u>6-30-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 27-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jamesport Mo</u>		
DATE REC'D BY LOCAL REG. <u>7-6-53</u>		REGISTRAR'S SIGNATURE <u>Vergenia M Englehardt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Roberson</u>		ADDRESS <u>Jamesport Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

310

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

Robert N. Mahary

Licensed Embalmer No. *4348*

P. O. Address _____

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.