

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **11109**

FILED MAY 11 1954

No. 300  
10-48

BIRTH NO. _____		REG. DIST. NO. <u>16</u>		PRIMARY REG. DIST. NO. <u>3001</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>210 East Park</u>				d. STREET ADDRESS (If rural, give location) <u>210 East Park</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>James</u>		b. (Middle) <u>Overton</u>		c. (Last) <u>Barrow</u>	
4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>4</u>		(Year) <u>1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 20, 1871</u>		9. AGE (In years, last birthday) <u>82</u>	10. UNDER 1 YEAR <u>9</u> Months	11. UNDER 1 MRS. Hours <u>14</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lawyer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bar</u>		11. BIRTHPLACE (State or foreign country) <u>Ashley, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Francis Marion Barrow</u>		13b. MOTHER'S MAIDEN NAME <u>Betty O'Bannon</u>		14. NAME OF HUSBAND OR WIFE <u>Birdena Barrow</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Martin Barrow</u> ADDRESS <u>San Diego, California</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Angina</u> DUE TO (c) <u>Hypertension, Arteriosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u> <u>4 months</u> <u>4 yrs.</u>	
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)		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?			
22. I hereby certify that I attended the deceased from <u>Feb. 3</u> , 1954, to <u>May 4</u> , 1954, that I last saw the deceased alive on <u>May 4</u> , 1954, and that death occurred at <u>9 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. B. Donahoe</u>		(Degree or title) <u>Do</u>		23b. ADDRESS <u>Vandalia, Mo.</u>		23c. DATE SIGNED <u>May 10-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 7, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 10 1954</u>		REGISTRAR'S SIGNATURE <u>Mollie Riggs</u>		FUNERAL DIRECTOR'S SIGNATURE <u>William B. Waters</u>		ADDRESS <u>Vandalia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

*William B. Waters*

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

*4169*

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

*Vandalia 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.