

FILED JAN 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41990

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4430 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY <b>pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Crocker, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Crocker, Missouri</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>		d. STREET ADDRESS (If rural, give location) <b>City.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Edward</b> c. (Last) <b>Barlow</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 26, 1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 22, 1881</b>
9. AGE (In years last birthday) <b>73</b>		10. AGE (In years last birthday) <b>73</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Laborer</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Iberia, Mo Miller Co.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>James Barlow</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Sorters</b>	
14. NAME OF HUSBAND OR WIFE <b>Dessie Smith</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>494-05-2030</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Floyd Barlow Crocker, Mo</b>	
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) <b>Myocardial Infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> 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 <b>2 Nov</b>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. DATE OF OPERATION <b>2 Nov</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>220</b>		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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>May 1, 1944</b> to <b>Dec 26, 1954</b> , that I last saw the deceased alive on <b>Dec 26, 1954</b> and that death occurred at <b>5:30 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>E. J. Waller</b>		23b. ADDRESS <b>MD Crocker, Missouri</b>	
23c. DATE SIGNED <b>12-26-54</b>		24. LOCATION (City, town, or county) (State) <b>Crocker, Mo</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec 28/54</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Crocker Memorial Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Crocker, Mo</b>	
DATE REC'D BY LOCAL REG. <b>12-27-54</b>		REGISTRAR'S SIGNATURE <b>Paula B. Anderson</b>	
25. FUNERAL HOME'S SIGNATURE <b>Heiges Funeral Home</b>		25. FUNERAL HOME'S ADDRESS <b>Crocker, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12.27.54  
Furber County Health Officer  
File Number 1-3-55  
Date Filed

### 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.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

*Walter P. Keger*

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

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

4265  
Berne, 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.