

FILED JUL 21 1955

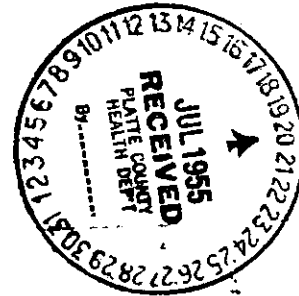
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23191

BIRTH NO. _____		REG. DIST. NO. 280		PRIMARY REG. DIST. NO. 6963		Registrar's No. 46	
1. PLACE OF DEATH a. COUNTY Platte				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Daviess			
b. CITY (If outside corporate limits, write RURAL and give township) Town Rural May Township		c. LENGTH OF STAY (in this place) 10 Days		c. CITY OR TOWN Gallatin		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 Miles West Gasland, Mo.				STREET ADDRESS (If rural, give location) ---			
3. NAME OF DECEASED (Type or Print) a. (First) FLEET		b. (Middle) MALCOM		c. (Last) BARLOW		4. DATE OF DEATH (Month) (Day) (Year) July 14 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH (If under 1 year last birthday) (Month) (Day) (Year) July 4 1877	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Grocery Store		11. BIRTHPLACE (City and State or Foreign Country) (Unknown) Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas C. Barlow		13b. MOTHER'S MAIDEN NAME Sarah Frances Lockard		14. NAME OF HUSBAND OR WIFE Nina M. Barlow (Dec'd)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 497-14-5855		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ralph Barlow, Gallatin, Missouri			
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) Arteriosclerosis Heart Disease ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arricular Fibrillation DUE TO (c) Pulmonary Emphysema II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200				INTERVAL BETWEEN ONSET AND DEATH years	
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 7-7 , 19 55 , to 7-14 , 19 55 , that I last saw the deceased alive on 7-14 , 19 55 , and that death occurred at 7:45 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Walter L. Spertman M.D.				23b. ADDRESS 402 S. Main St. Gallatin, Missouri		23c. DATE SIGNED 7-14-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-17-1955		24c. NAME OF CEMETERY OR CREMATORY Brown Cemetery		24d. LOCATION (City, town, or county) (State) Gallatin, Missouri	
DATE REC'D BY LOCAL REG. 7-16-1955		REGISTRAR'S SIGNATURE B. Phoebe Rollins		25. FUNERAL DIRECTOR'S SIGNATURE Hope Funeral Home		ADDRESS Gallatin, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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



JUL 22 1955

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 _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 330

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.