

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37980

FILED DEC 12 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10411**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **MISSOURI** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS** c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN **ST. LOUIS** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Homer G. Phillips Hospital**
e. STREET ADDRESS (If rural, give location) **3316 Lucas Ave.** *22170*

3. NAME OF DECEASED a. (First) **JAMES** b. (Middle) **CLIFFORD** c. (Last) **BARLOW** 4. DATE OF DEATH (Month) (Day) (Year) **Nov. 28 1955**

5. SEX **Male** 6. COLOR OR RACE **Col.** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **June 19, 1907** 9. AGE (In years last birthday) Months Days Hours Min. **48 5 9**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Musician** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Mayesville, Kentucky** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Edward Barlow** 13b. MOTHER'S MAIDEN NAME **Alberta Fields** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes V.W. II** 16. SOCIAL SECURITY NO. **490-18-9319** 17. INFORMANT'S SIGNATURE OR NAME **Viola B. Hubbard** ADDRESS **1534 Jonathan Ave. Cincinnati 7, Ohio**

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Massive Gastro Intestinal Hemorrhage; Contrib. to Cirrhosis of Liver with partial hypertension**
ANTECEDENT CAUSES: **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**
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 **581.0** 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **James M. Kelly** (Signature or title) _____ 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **11-29-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **Nov. 28, 1955** 24c. NAME OF CEMETERY OR CREMATORY **Union Baptist Cemetery** 24d. LOCATION (City, town, or county) (State) **Cincinnati Ohio**

DATE REC'D BY LOCAL REG. **NOV 29 1955** REGISTRAR'S SIGNATURE **Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **J. H. RANDLE & SON** ADDRESS **3133 Bell Ave.**

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 27 1956

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 *S. J. Matson*
Licensed Embalmer No. *2698*
P. O. Address *276 7th Ave*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**