

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 14 1956

34599

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Laclede</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lebanon</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Lebanon</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>724 Barlow Ave.</b>				Length of stay in lb <b>10 Years</b>		d. STREET ADDRESS (If outside, give location) <b>724 Barlow Ave.</b>	
3. NAME OF DECEASED (Type or print) First <b>Francis</b> Middle <b>Melvin</b> Last <b>Barlow</b>				4. DATE OF DEATH Month <b>Oct.</b> Day <b>31</b> Year <b>1956</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Jan. 18, 1880</b>	
9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>		IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	
10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) <b>Laclede County Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Joseph Barlow</b>				14. MOTHER'S MAIDEN NAME <b>Ellen Lewis</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <b>492-10-6799</b>		17. INFORMANT <b>Mrs. Pearl Barlow</b> Address <b>Lebanon, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Generalized carcinoma</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						INTERVAL BETWEEN ONSET AND DEATH <b>4 mos.</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month _____ Day _____ Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____	
21. I attended the deceased from <b>10-30-56</b> to <b>Oct. 31, 1956</b> and last saw her alive on <b>10-31-56</b> Death occurred at <b>11:00 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>McCarroll, M. D.</b> (Degree or title)				22b. ADDRESS <b>Lebanon, Mo.</b>		22c. DATE SIGNED <b>11-2-56</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-3-56</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Lebanon City Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Lebanon, Mo.</b>	
24. FUNERAL DIRECTOR <b>J. B. Palmer</b>		ADDRESS <b>Lebanon</b>		25. DATE RECD. BY LOCAL REG. <b>11-3-1956</b>		26. REGISTRAR'S SIGNATURE <b>Hella L. May</b>	

(Licensed Embalmer's Statement on Reverse Side)

Received 11-13-56  
Laclede County Health Unit  
File No. 176  
Date Filed 11-13-56

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Stanley R. Palm

Licensed Embalmer No. 4

P. O. Address Lebanon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.