

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41188

FILED NOV 18 1957

State File No. 420

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-JACKSON TWP</b>		c. LENGTH OF STAY (in this place) <b>10 yrs</b>	c. CITY OR TOWN <b>JACKSON TWP</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FAIRVIEW HEIGHTS, PARIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS <b>FAIRVIEW HEIGHTS, PARIS</b>		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>EDDIE</b> b. (Middle) <b>SYLVESTER</b> c. (Last) <b>BARROW</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 14, 1957</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>FEB. 2, 1878</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Days <b>9</b> IF UNDER 24 HRS. Hours <b>12</b> Min.
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>GEN. FARMING</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>MONROE Co., Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>JAMES E. BARROW</b>		13b. MOTHER'S MAIDEN NAME <b>MARY E. CONLEY</b>		14. NAME OF HUSBAND OR WIFE <b>MARY C. BARROW</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <b>NO</b> (If yes, give war, dates of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <b>HARRY BARROW, PARIS, Mo.</b> ADDRESS _____	

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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cerebral apoplexy.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>cerebral clot</b>			
		DUE TO (c) <b>chronic condition of age.</b>			
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		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) m.		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 **11-6-57**, to **11-14-57**, that I last saw the deceased alive on **11-13-57**, and that death occurred at **12:15A, m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Nellie S. Ernst M.D.</b>		23b. ADDRESS <b>PARIS, Mo.</b>		23c. DATE SIGNED <b>11-14-57</b>	
24a. BURIAL, CREMATION (REMOVAL) (Specify) <b>BURIAL</b>		24b. DATE <b>11-14-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>WALNUT GROVE</b>	
24d. LOCATION (City, town, or county) (State) <b>PARIS, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Speed &amp; Blakey</b>		ADDRESS <b>PARIS, MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>11-15-57</b>		REGISTRAR'S SIGNATURE <b>E. G. Barnett M.D.</b>			

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

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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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *E. H. Ogness* .....

Licensed Embalmer No. 4000.....

P. O. Address..... PARIS, MISSOURI.....

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.