

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042941

STATE FILE NUMBER

DEC 15 1958 Registration District No. 324 Primary Registration District No. Registrar's No. 204

300 2
1-57

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ripley	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall Township		c. CITY OR TOWN Doniphan	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo.State School, Marshall		d. STREET ADDRESS (If outside, give location) Harris Twp.	
Length of stay in lb 43 yrs		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Ross Middle Barwick Last Barwick			4. DATE OF DEATH Month Dec. Day 12, Year 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 8, 1901	9. AGE (In years last birthday) 57 yrs	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Harris Twp., Ripley Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Wes Barwick	13b. MOTHER'S MAIDEN NAME Clara Colvinger	14. NAME OF HUSBAND OR WIFE None
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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. None	17. INFORMANT Address Mo.State School records, Marshall, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Upper gastro-intestinal bleeding		INTERVAL BETWEEN ONSET AND DEATH 3 days
DUE TO (b) Oesophageal varices		
DUE TO (c) Leannec's cirrhosis		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT <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 Marshall, Missouri	COUNTY Missouri STATE Missouri
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21. I attended the deceased from Sept., 1956 , to Dec. 11, 1958 and last saw him ^{her} alive on Dec. 11, 1958 Death occurred at 12:01 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>M. S. Roemer</i> (Degree or title) M.D.	22b. ADDRESS Marshall, Missouri	22c. DATE SIGNED 12-12-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 15, 1958	23c. NAME OF CEMETERY OR CREMATORY Mo.State School Cemetery	23d. LOCATION (City, town, or county) (State) Marshall, Mo.
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24. FUNERAL DIRECTOR Campbell Lewis	ADDRESS Marshall, Mo.	25. DATE RECD. BY LOCAL REG. 12-13-58	26. REGISTRAR'S SIGNATURE <i>Cecil G. Read</i>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

R. W. Campbell

Licensed Embalmer No.

3469

P. O. Address

Marshall

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.