

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024718

FILED VS AUG 17 1959

STATE FILE NUMBER

Registration District No. 228 Primary Registration District No. 2000 Registrar's No. 764c

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield	Length of stay in 1b 1 day	c. CITY OR TOWN Lebanon	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If outside, give location) 333 West Third St.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last SANDRA KAY BARLOW			4. DATE OF DEATH Month Day Year July 16, 1959			
5. SEX female	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 May 5, 1944,	9. AGE (last birthday) 15yr.	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Richland, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Martin Barlow		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE none		
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 St. John's Hospital, Springfield, MO		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral edema			INTERVAL BETWEEN ONSET AND DEATH 48 hrs.
DUE TO (b) Cerebral contusion			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Bicycle ran over culvert
20c. TIME OF INJURY 7:30 p.m. 7/13/59		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street	20f. CITY, TOWN, OR LOCATION COUNTY STATE Lebanon Laclede Mo.
21. I attended the deceased from 7/15/59 5:30 P.M. to 7/16/59 and last saw her alive on 7/16/59 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) T. J. Shadel, M.D.	22b. ADDRESS 401 Prof. Bldg. Springfield Mo.	22c. DATE SIGNED 8/10/59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7-19-59	23c. NAME OF CEMETERY OR CREMATORY Lebanon Cemetery
24. FUNERAL DIRECTOR ADDRESS T. J. Shadel, Lebanon, Missouri		23d. LOCATION (City, town, or county) (State) Lebanon, Mo.
25. DATE RECD. BY LOCAL REG. 8-10-59		26. REGISTRAR'S SIGNATURE Offie S. Melton

DOCUMENT

BY AFFIDAVIT OF

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 _____, Student Embalmer No. _____

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

Student _____
Signature of Student Embalmer

Signed

Lewis T. Schaff

Licensed Embalmer No. 3807

P. O. Address Spring

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.