

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036831

FILED VS OCT 26 1959

STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 2657

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| 1. PLACE OF DEATH a. COUNTY Livingston | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe | | c. CITY OR TOWN Hale, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Susans Nursing Home | | d. STREET ADDRESS (if outside, give location) West part town Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) Faye Barlow. | 4. DATE OF DEATH October 17, 1959 |
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| 5. SEX M | 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 9/5/1887 | 9. AGE (last birthday) 72 | IF UNDER 1 YEAR Months 1 Days 12 | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant | 10b. KIND OF BUSINESS OR INDUSTRY Grocery & General | 11. BIRTHPLACE (City and state or country) Hale, Missouri | 12. CITIZEN OF WHAT COUNTRY U. S. A. |
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| 13a. FATHER'S NAME Frances Marion Barlow | 13b. MOTHER'S MAIDEN NAME Lucy A. Austin | 14. NAME OF HUSBAND OR WIFE none |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. no | 17. INFORMANT Mrs Blanche Wurster, Hale, Missouri | Address Hale, Missouri |
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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) Generalized Abdominal Carcinomatosis | INTERVAL BETWEEN ONSET AND DEATH 8 months |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of the Colon (Sigmoid) 18 months | |
| DUE TO (c) _____ | |

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| 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 |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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. _____ 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 _____ |
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| 21. I attended the deceased from July 1956 to Oct 17, 1959 and last saw her alive on Oct 16, 1959 Death occurred at 10:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) William L. Fair, M.D. | 22b. ADDRESS Chillicothe, Mo. | 22c. DATE SIGNED 10/19/1959 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 10/19/1959 | 23c. NAME OF CEMETERY OR CREMATORY Cameron Cemetery | 23d. LOCATION (City, town, or county) (State) Hale, Missouri |
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| 24. FUNERAL DIRECTOR Clifford W. Austin F-H, Hale, Mo. | 25. DATE RECD. BY LOCAL REG. 10/20/59 | 26. REGISTRAR'S SIGNATURE Frances B. Neill |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 10 1959

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

Clifford W. Austin
Clifford W. Austin

Licensed Embalmer No. #3233

P. O. Address Tina, 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.