

MURKIN DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 2 9 1959

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STATE FILE NUMBER

Registration District No. 12 Primary Registration District No. 5779 Registrar's No. 41

ENDED

1. PLACE OF DEATH a. COUNTY Miller				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eldon		Length of stay in 1b Days		c. CITY OR TOWN Ellisville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 3			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Clayton Road		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last DANIEL WAYNE BARLOW				4. DATE OF DEATH Month Day Year November 27, 1959				
5. SEX Male		6. COLOR OR RACE Caucasian		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-11-1959		
				9. AGE (last birthday) 0		IF UNDER 1 YEAR Months 3 Days 16		
						IF UNDER 24 HR Hours 16 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William Barlow			13b. MOTHER'S MAIDEN NAME Athelene Morgan			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 C. R. Morgan, Eldon, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ASPHYXIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) BRONCHOPNEUMONIA DUE TO (c) VARICELLA							INTERVAL BETWEEN ONSET AND DEATH FEW HRS. 4 DAYS	
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 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.)				
20c. TIME OF INJURY Hour 2.30 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 _____, to _____ and last saw her alive on _____ Death occurred at 2.30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) L. S. Humphrey, D.O., Coroner				22b. ADDRESS Tuscumbia, Mo.		22c. DATE SIGNED 12-2-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-30-1959		23c. NAME OF CEMETERY OR CREMATORY Oak Hill		23d. LOCATION (City, town, or county) (State) St. Louis Mo.		
24. FUNERAL DIRECTOR Louise D. Phillips				ADDRESS Eldon, Mo.		25. DATE RECD. BY LOCAL REG. Dec. 3, 1959		
26. REGISTRAR'S SIGNATURE Alvaretta Dalt								

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Don E. Phillips, Student Embalmer No. 583
working under my personal supervision.

Student Don E. Phillips
Signature of Student Embalmer

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Edison

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.