

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 45 0 4 0

FILED VS. DEC. 17 1959 290

AMENDED

STATE FILE NUMBER

Primary Registration District No. _____ Registrar's No. 151

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Waynesville, Missouri</u>		Length of stay in lb <u>14 days</u>		c. CITY OR TOWN <u>Crocker, Missouri</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Waynesville Gen. Hosp.</u>		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) <u>None.</u>		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First <u>Dessie</u> Middle <u>----</u> Last <u>Barlow.</u>				4. DATE OF DEATH Month <u>December</u> Day <u>1,</u> Year <u>1959</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White.</u>		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH <u>4/11/1887</u>	
9. AGE (last birthday) <u>72</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>		11. BIRTHPLACE (City and state or country) <u>Iberia, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>John Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Bond.</u>		14. NAME OF HUSBAND OR WIFE <u>John Edward Barlow.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT Address <u>James F. Barlow. Crocker, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture of Neck of Femur at Time of Stroke</u>							PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>✓</u>			
20c. TIME OF INJURY Hour <u>8:20</u> a.m. p.m. Month, Day, Year <u>Nov 18, 1959</u>		20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE					
21. I attended the deceased from <u>Nov 18, 1959</u> to <u>Dec 1, 1959</u> and last saw her <u>alive on</u> <u>Dec 1, 1959</u> Death occurred at <u>8:20</u> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>John A. Mikshovich D.O.</u>				22b. ADDRESS <u>Crocker, Missouri</u>		22c. DATE SIGNED <u>12/2/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12/3/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Crocker Memorial Cemet.</u>		23d. LOCATION (City, town, or county) (State) <u>Crocker, Missouri</u>	
24. FUNERAL HOME <u>Hedges Funeral Home Crocker, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>12-3-59</u>		26. REGISTRAR'S SIGNATURE <u>Charles Anderson</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1907 8 1 1907 SM

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 Clarence Moore

Licensed Embalmer No. 4896

P. O. Address Waynesville,

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.