

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018682

FILED VS MAY 31 1960

NDED

Registration District No. 62 Primary Registration District No. 5239 Registrar's No. _____

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Cedar</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Linn Twp.</u> Length of stay in lb <u>3 yrs.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6 Miles South</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u> c. CITY OR TOWN <u>Stockton</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>6 Miles South</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle <u>LEE</u> Last <u>BARROW</u>				4. DATE OF DEATH Month <u>May</u> Day <u>25</u> Year <u>1960</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2/9/1880</u>		9. AGE (last birthday) <u>80</u>		IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Owner</u>		11. BIRTHPLACE (City and state or country) <u>Stockton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John Barrow</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Emily Richardson</u>				14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Clifford Barrow, Stockton, Mo.</u> Address _____					
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>Coronary Occlusion</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>immediate</u>	
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 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 _____ 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/him alive on _____. Death occurred at <u>Home 5:25:60</u> <u>1:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <u>Wm. B. Richter M.D.</u>						22b. ADDRESS <u>Stockton Mo.</u>				22c. DATE SIGNED <u>5-27-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5/28/1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Stockton City Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Stockton, Mo.</u>					
24. FUNERAL DIRECTOR <u>Cantlon Fun. Home, Stockton, Mo.</u>				ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>5/27/60</u>		26. REGISTRAR'S SIGNATURE <u>Mrs Geneva Cantlon</u>			

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

Student _____
Signature of Student Embalmer

Signed John A. Cantton

Licensed Embalmer No. 4387

P. O. Address Stockton,

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.