

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020326

FILED VS. MAY 23 1960

274

3052

186

STATE FILE NUMBER

INDEXED

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY Pettis County, Missouri.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia,		Length of stay in 1b Dec. 10, 1956		c. CITY OR TOWN 1709 Sedalia		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Memorial Hospital.		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 1709 W. 4th, 14th		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First Miss Irene Middle Barricklow, Last May				4. DATE OF DEATH Month May Day 16 Year 1960			
5. SEX Female		6. COLOR OR RACE White		7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐		8. DATE OF BIRTH June 18	
				9. AGE (last birthday) 81		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) Cashier and Sales Auditor				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Miami County, Kansas	
13a. FATHER'S NAME George W. Barricklow				13b. MOTHER'S MAIDEN NAME Ellen Work		14. NAME OF HUSBAND OR WIFE 1709 West 14th., St. Ora Belle Barricklow, Sedalia, Missouri.	
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. 500-28-2815		17. INFORMANT Ora Belle Barricklow, Sedalia, 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) Cerebral Thrombosis						INTERVAL BETWEEN ONSET AND DEATH 6 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis generalized; Severe congestive heart failure						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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____							
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Oct. 15, 1959 to May 16, 1960 and last saw her alive on May 16, 1960 Death occurred at 12:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Albert J. Campbell, M.D.				22b. ADDRESS 312 1/2 So. Ohio, Sedalia Mo		22c. DATE SIGNED 5-16-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5/16/60		23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Jackson, Missouri	
24. FUNERAL DIRECTOR Blackman Guardian Funeral Home Kansas City, Missouri.				25. DATE RECD. BY LOCAL REG. 5-16-1960		26. REGISTRAR'S SIGNATURE Frances Shelby	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Informant

JAN 20 1961

STATEMENT BY LICENSED EMBALMER

JUN 1 1960

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

Wm. Ewing

Licensed Embalmer No.

384

P. O. Address

Seaside

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.