

**FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-037993**

**FILED VS OCT 17 1960**

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1006

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b>		Length of stay in 1b	c. CITY OR TOWN <b>SPRINGFIELD</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. City Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1550 E. Florida</b>
3. NAME OF DECEASED (Type or print) First <b>James</b> Middle <b>LeRoy</b> Last <b>Barlow</b>		4. DATE OF DEATH Month <b>October</b> Day <b>2,</b> Year <b>1960</b>	

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>13 Oct. 1958</b>	9. AGE (last birthday) <b>1</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>		11. BIRTHPLACE (City and state or country) <b>Springfield, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Barlow</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Polk Mary (Barlow) (Mother) Springfield, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Likely pulmonary edema + brain edema</b>		INTERVAL BETWEEN ONSET AND DEATH <b>few minutes</b>	

DUE TO (b) <b>Likely severe blow to chest + body</b>	" "		
DUE TO (c) <b>Likely by sudden stopping of car throwing</b>	" "		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>UNATTENDED BY A PHYSICIAN</b>		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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Sudden stop threw child to</b>	
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20c. TIME OF INJURY Hour <b>5</b> p.m. Month, Day, Year <b>10-2-60</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>City Street</b>	20f. CITY, TOWN, OR LOCATION <b>Springfield, Greene, MO</b>		

21. I attended the deceased from _____, to _____, and last saw her/him alive on _____.	Death occurred at <b>aprox 5:00 pm on date</b>		
22a. SIGNATURE <b>James R. Amos, M.D.</b>	(Degree or title)	22b. ADDRESS <b>Health Office, Springfield MO</b>	22c. DATE SIGNED <b>10-11-60</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct 4, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Clear Creek</b>	23d. LOCATION (City, town, or county) <b>Greene County Missouri</b>
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24. FUNERAL DIRECTOR <b>KLINGNER MORTUARY, INC. SPRINGFIELD MO.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>10-11-60</b>	26. REGISTRAR'S SIGNATURE <b>Effie B. Melton</b>
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DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ogle Stone  
Licensed Embalmer No. \_\_\_\_\_

P. O. Address **SPRINGFIELD**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to  
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.