URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 13 1960

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STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3433 Registrar's No. 181

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon — Length of stay in 1b: 84 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 258 Pearl St. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Laclede
c. CITY OR TOWN Lebanon — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 258 Pearl St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LORA Middle MARIE Last BARROWS
4. DATE OF DEATH: Month Dec. Day 3 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-11-76
9. AGE (last birthday): 84
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): Receptionist
10b. KIND OF BUSINESS OR INDUSTRY: Medical
11. BIRTHPLACE (City and state or country): Lebanon, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: R. C. Barrows
13b. MOTHER'S MAIDEN NAME: Lottie York
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 492-10-8278
17. INFORMANT: Mrs. C. D. Johnson, Lebanon, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Thrombosis	1-hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cardiac Decompensation	5 min.
DUE TO (c)	Chronic Pulmonary Emphysema	5 yrs.

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. ☐ 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 March 19, 1957, to Dec. 3, 1960 and last saw her alive on Dec. 3, 1960
Death occurred at 8:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: O. Bohrer (Degree or title) D.O.
22b. ADDRESS: Lebanon, Mo.
22c. DATE SIGNED: 12/3/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-5-60
23c. NAME OF CEMETERY OR CREMATORY: Lebanon, City Cemetery
23d. LOCATION (City, town, or county) (State): Lebanon, Mo.

24. FUNERAL DIRECTOR: L. R. Palmer ADDRESS: Lebanon
25. DATE RECD. BY LOCAL REG.: 12-5-1960
26. REGISTRAR'S SIGNATURE: Ella L. Hay

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JAN 1 0 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Stanleigh R. Pat

Licensed Embalmer No. 4810

P. O. Address Lebanon,

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