

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-014017

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

10

Primary Registration District No.

3002

Registrar's No.

106

FILED MAY 9 1962

1. PLACE OF DEATH

a. COUNTY **Audrain**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** COUNTY **Audrain**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **Mexico**Length of stay in 1b
1 1/2 daysc. CITY
OR
TOWN **Mexico**Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **Audrain County Hospital**Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
7 Elm DriveReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Barry

Middle

Hammond

Last

Barkelaw4. DATE
OF
DEATH

Month

Day

Year

April 30, 1962

5. SEX

Male

6. COLOR OR RACE

Cauc.7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-28-62

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

0**1 1/2**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Mexico, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Robert Barkelaw

13b. MOTHER'S MAIDEN NAME

Beverly Hammond

14. NAME OF HUSBAND OR WIFE

None15. 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.

None

17. INFORMANT

Address

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

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.**Respiratory failure
Premature Death**INTERVAL BETWEEN
ONSET AND DEATH**36 hrs**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☐ Unknown19. 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
s.m.
p.m.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 **4-29-62** to **4-29-62** and last saw him alive on **4-29-62**
Death occurred at **12 AM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

G. P. Kallenbach M.D.

22b. ADDRESS

Mexico, Mo

22c. DATE SIGNED

4-30-6223a. BURIAL, CREMATION,
REMOVAL (Specify)**Burial**

23b. DATE

4-30-1962

23c. NAME OF CEMETERY OR CREMATORY

East Lawn Memorial Park

23d. LOCATION (City, town, or county)

Mexico, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Arnold Funeral Home Mexico, Mo.

25. DATE RECD. BY LOCAL REG.

April 30 1962

26. REGISTRAR'S SIGNATURE

Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

G. P. Kallenbach M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.