

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030498

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 978 Primary Registration District No. Registrar's No. 110

FILED SEP 10 1962

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Daviess</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Daviess</b>                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Gallatin</b>   |   | Length of stay in lb<br><b>10 Yrs.</b>  | c. CITY OR TOWN <b>Gallatin</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>---</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>---</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                 |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>John William Carlow</b>   |   | 4. DATE OF DEATH<br>Month <b>August</b> Day <b>18</b> Year <b>1962</b>  |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>1-11-1873</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Stationary Engineer</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Meat Packing Co.</b>  | 9. AGE (last birthday)<br><b>89</b><br>IF UNDER 1 YEAR<br>Months Days<br>IF UNDER 24 HR<br>Hours Min.  |
| 11. BIRTHPLACE (City and state or country)<br><b>Kidder, Missouri</b>  |   | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |  |
| 13a. FATHER'S NAME<br><b>Joseph Carlow</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Anna Murphv</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Naomi Carlow</b>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   | 17. INFORMANT<br>Address<br><b>Mrs. J. W. Carlow, Gallatin, Mo.</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b><br>DUE TO (b) <b>Hypertension arterial Sclerosis</b><br>DUE TO (c) <b>Chronic Nephritis</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 days</b><br><b>3 yrs</b><br><b>2 yrs</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Coronary Syndrome, arthritis of back</b>   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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<br>Hour Month, Day, Year<br>a.m. p.m.  |   | 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 <b>aug 1 1962</b> to <b>aug 18</b> and last saw him live on <b>aug 18 1962</b><br>Death occurred at <b>7:20 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |  |
| 22a. SIGNATURE<br><b>H. Bailey Sr.</b> (Degree or title)   |   | 22b. ADDRESS<br><b>Gallatin Mo.</b>   | 22c. DATE SIGNED<br><b>20 Aug 62</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>8-21-1962</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Brown Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Gallatin, Mo.</b>  |
| 24. FUNERAL DIRECTOR<br><b>Hope Funeral Home, Gallatin, Mo.</b> ADDRESS  |   | 25. DATE RECD. BY LOCAL REG.<br><b>22 Aug. 1962</b>   | 26. REGISTRAR'S SIGNATURE<br><b>W. Eugene Engelhart</b>  |

**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 L. O. Licherson

Licensed Embalmer No. 3302  
P. O. Address Ballantine, Mo.

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.