

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028047

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 139 Primary Registration District No. 4216 Registrar's No. 208

FILED AUG 5 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
1 <u>0420</u>			
2 <u>0420</u>			
3			
4 <u>0</u>			
5 <u>1</u>			
6			
7 <u>1</u>			
8 <u>0</u>			
9 <u>794X</u>			
10			
11 <u>1290-0</u>			
13 <u>10</u>			
ITEM NO.	SHOULD READ		

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Calhoun		Length of stay in 1b 40 yrs	c. CITY OR TOWN Calhoun Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) in Calhoun Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Clarence Middle A Last Barrow			4. DATE OF DEATH Month July Day 27 Year 1963
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 25 Jan 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 93 IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HR: Hours <input type="checkbox"/> Min. <input type="checkbox"/>
11. BIRTHPLACE (City and state or country) Campbell, Ill		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John D. Barrow		13b. MOTHER'S MAIDEN NAME Martha Stone	
14. NAME OF HUSBAND OR WIFE Myrtle Barrow		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. none		17. INFORMANT Address Myrtle Barrow Calhoun 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) Circulatory Collapse DUE TO (b) Sensitivity DUE TO (c) 3 yrs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 days 3 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year.		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 July 20, 1963 to July 27, 1963 and last saw him alive on July 20, 1963 . Death occurred at DOA on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Dress or title) William Smith M.D.		22b. ADDRESS Windsor, Mo.	
22c. DATE SIGNED 7-27-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 7/29/1963		23c. NAME OF CEMETERY OR CREMATORY Calhoun cemetery	
23d. LOCATION (City, town, or county) Calhoun, Mo		24. FUNERAL DIRECTOR ADDRESS Sickman & Dunning F H Clinton, Mo	
25. DATE RECD. BY LOCAL REG. Aug 2-1963		26. REGISTRAR'S SIGNATURE Mildred Bigum	

USE BLACK INK OR TYPEWRITER RIBBON

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 Robert L. Dunning

Licensed Embalmer No. 4910

P. O. Address Clinton MD

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.

Permit
Obtained
8-2-63
WFB