

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

68 0001720

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 237 Primary Registration District No. 4218 Registrar's No. 327

FILED JAN 9 1968

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		Length of stay in 1b	c. CITY OR TOWN Calhoun
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Windsor hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First RUTH Middle LOUANNA Last BARROW			4. DATE OF DEATH Month January Day 1 Year 1968
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-1-1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY 5 & 10¢ Store	9. AGE (last birthday) 55
13a. FATHER'S NAME Claude Mitchell		13b. MOTHER'S MAIDEN NAME Mae Elbert	12. CITIZEN OF WHAT COUNTRY USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		14. NAME OF HUSBAND OR WIFE Lewis A. Barrow	
17. INFORMANT Mrs. Betty Mueller Creighton, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Acute Cardio-Respiratory Collapse			INTERVAL BETWEEN ONSET AND DEATH 30 min.
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. Acute Congestive Heart Failure			1 hr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive and Coronary Artery Disease			5 yrs.
PART III. If deceased was female was there a pregnancy in last 90 days. Mild Diabetes Mellitus			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? 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 Hour a.m. 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 7-16-64 to 1-1-68 and last saw her alive on 1-1-68 Death occurred at 2:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) Claude M. Thurber, MD		22b. ADDRESS Windsor, Mo.	22c. DATE SIGNED 1/2/68
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-3-1968	23c. NAME OF CEMETERY OR CREMATORY Calhoun Cemetery	23d. LOCATION (City, town, or county) (State) Calhoun Missouri
24. FUNERAL DIRECTOR Huston-Hadley		ADDRESS Windsor, Mo.	25. DATE RECD. BY LOCAL REG. Jan. 4, 1968
		26. REGISTRAR'S SIGNATURE Mildred Bigum	

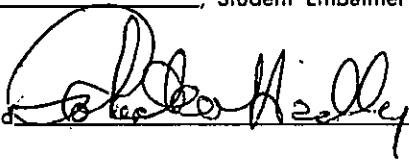
USE BLACK INK OR TYPEWRITER RIBBON

JAN 24 1968

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. 5220
P. O. Address Windsor, 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.