

FILED AUG 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22906

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5143</u>		Registrar's No. <u>308</u>	
1. PLACE OF DEATH a. COUNTY <b>Butler</b>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Butler</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff Twp</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		0120	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Roxie Road</b>				d. STREET ADDRESS (If rural, give location) <b>Roxie Road</b>			
3. NAME OF DECEASED (Type or Print)			a. (First) <b>BOB</b>	b. (Middle) <b>LEE</b>	c. (Last) <b>BARROW</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 28, 1950</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan 3, 1919</b>	
9. AGE (In years last birthday) <b>31</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>25</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Newport, Ind.</b>		12. CITIZEN OF WHAT COUNTRY? <b></b>
13a. FATHER'S NAME <b>Elmer Barrow</b>			13b. MOTHER'S MAIDEN NAME <b>Hazel Brown Barrow</b>			14. NAME OF HUSBAND OR WIFE <b>Mrs. Neva Dover Barrow</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.II</b>		16. SOCIAL SECURITY NO. <b></b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Hazel Barrow... Poplar Bluff, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Internal Hemorrhage</b>		DUE TO (b) <b>Fractured Ribs Bruised Chest</b>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Bruised under a Farm Tractor</b>					822 32
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>012</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm to Market Road Poplar Bluff, Mo.</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Poplar Bluff, Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>July 28-1950 9:30 a.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Farm tractor overturned on him</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (In full name) <b>Wm. H. Johnson</b>				23b. ADDRESS <b>Poplar Bluff, Mo.</b>		23c. DATE SIGNED <b>8-1-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/30/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City</b>		24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Aug 1-1950</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>FRANK-COTRELL... Poplar Bluff, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

AUG 9 1950  
BUTLER CO. HEALTH CENTER  
FILE No. 850-232

398191 500

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 .....  
Student Embalmer

Signed George A. Kerby

Licensed Embalmer No. 4752

P. O. Address Roller Bluff

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 this body is not embalmed, fact should be so stated above.