

FILED JUN 4 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19221

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Demon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Twp</u>	c. LENGTH OF STAY (in this place) <u>0-1-1</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Merwin 0070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp # 3</u>		d. STREET ADDRESS (If rural, give location) <u>rural</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>Barricklow</u> c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>May 21-1951</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 18, 1876</u>	9. AGE (In years last birthday) <u>74</u> MONTHS <u>11</u> DAYS <u>3</u>	IF UNDER 1 YEAR Hours _____ Min. _____	IF UNDER 24 HRS. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Assistant High School</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Geo Barricklow</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Work</u>	14. NAME OF HUSBAND OR WIFE <u>Betha Barricklow</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk</u>	16. SOCIAL SECURITY NO. <u>unk</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hosp. Records</u> ADDRESS <u>Nevada Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unk</u>
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\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Senility</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Apr. 20, 1951, to May 21, 1951, that I last saw the deceased alive on May 21, 1951, and that death occurred at 1900 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ed Shout M.D.</u> (Degree or title)	23b. ADDRESS <u>State Hosp Nevada Mo</u>	23c. DATE SIGNED <u>5-21-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-25-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McNalley Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Miami Co. Kans</u>
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DATE REC'D BY LOCAL REG. <u>5-24-51</u>	REGISTRAR'S SIGNATURE <u>Anna J. Ferris</u>	5451	25. FUNERAL DIRECTOR'S SIGNATURE <u>Archer &amp; Mangold</u> ADDRESS <u>Amsterdam Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1080  
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28  
DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED MAY 28 1951

Dis. File 231-9213  
Date 5-28-51

SEP 27 1951

JUN 13 1951

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed L.A. Mangold

Licensed Embalmer No. 3610

P. O. Address Amateur 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 this body is not embalmed, fact should be so stated above.