S. No. 300
v. 10.48

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

STANDARD CERTIFICATE OF DEATH

State File No. 3622

FILED FEB 15 1952

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston, Mo.
c. LENGTH OF STAY (In this place): 3 hrs. 22 min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Delta Comm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston 1003
d. STREET ADDRESS (If rural, give location): 923 Park

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): T.
c. (Last): Barrow

4. DATE OF DEATH (Month) (Day) (Year): ~~Jan.~~ Feb. 1 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Jan. 28, 1868
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months —, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Pinkneyville, Ill.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Barrow, Marion
13b. MOTHER'S MAIDEN NAME: Steele, Elizabeth
14. NAME OF HUSBAND OR WIFE: Cora Bryan Barrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs. Carl Wilkinson 923 Park

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio vascular renal disease — Uremia — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

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
20. AUTOPSY? YES ☐ NO ☑

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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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1951, *to* Feb 1, 1952, *that I last saw the deceased alive on* 1-31, 1952, *and that death occurred at* 6:22 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Stanley W. Carter
(Degree or title): MD
23b. ADDRESS: Sikeston, Mo.
23c. DATE SIGNED: 2-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL U
24b. DATE: 2-1-52
24c. NAME OF CEMETERY OR CREMATORY: Piedmont
24d. LOCATION (City, town, or county) (State): PIEDMONT MO

DATE REC'D BY LOCAL REG.: 2-9-52
REGISTRAR'S SIGNATURE: Mrs. Ella Hunter
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Welsh Funeral Home - Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 11 1952
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 252-43

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.