

STANDARD CERTIFICATE OF DEATH

State File No. **32347**
Registrar's No. **433**

FILED SEP 18 1957

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001**

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY NEWTON	
b. CITY OR TOWN JOPLIN		c. CITY OR TOWN NEOSHO	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) 630 So. Lafayette St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHNS HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) CARSON	b. (Middle)	c. (Last) BARLOW	4. DATE OF DEATH (Month) (Day) (Year) Aug. 28, 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 8, 1899	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Principle	10b. KIND OF BUSINESS OR INDUSTRY High School	11. BIRTHPLACE (City and State or Foreign Country) McDonald County Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wesley M. Barlow.	13b. MOTHER'S MAIDEN NAME Anna Jane Harvey	14. NAME OF HUSBAND OR WIFE Ozella Barlow
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ozella Barlow, ADDRESS Neosho Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 24 hours
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **19 July, 1957** to **28 Aug, 1957** that I last saw the deceased alive on **27 Aug, 1957** and that death occurred at **10:10A**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George C. Olive, MD	23b. ADDRESS Neosho, Mo	23c. DATE SIGNED 28 Sept 57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-30-1957	24c. NAME OF CEMETERY OR CREMATORY Macedonia	24d. LOCATION (City, town, or county) (State) Newton County Missouri
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DATE REC'D BY LOCAL REG. 9/10/57	REGISTRAR'S SIGNATURE Dove Merriman	FUNERAL DIRECTOR'S SIGNATURE Lesley Thompson Sr. ADDRESS Neosho Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED SEP 16 1957
Hesper County Health Office

County File No. 57-9-775
Date Filed SEP 16 1957

FEB 13 1958

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 Corley Thompson Sr.
Licensed Embalmer No. 3259

P. O. Address Neosho 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.