

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043970
State File No.

FILED JAN 9 1958

BIRTH NO. 0 100461-58 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 6069

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary's Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>2712 1/2 Blue Ridge Blvd, KCMo.</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Mark</u>	b. (Middle) <u>WARREN</u>	c. (Last) <u>Barlow</u>	(Month) <u>12</u>	(Day) <u>23</u>	(Year) <u>58</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>12-19-58</u>	9. AGE (In years last birthday)	10. UNDER 1 YEAR Months <u>11</u>	11. UNDER 24 HRS. Hours <u>11</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Robert W. Barlow</u>	13b. MOTHER'S MAIDEN NAME <u>Donna Fleeman</u>	14. NAME OF HUSBAND OR WIFE <u>None</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>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert W. Barlow</u>	ADDRESS <u>3712 1/2 Blue Ridge Blvd, Mo.</u>
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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)	<u>Hyaline Membrane Disease</u>		<u>3 day</u>

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

ANTECEDENT CAUSES	DUE TO (b)
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	<u>7600</u>
DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS	INTERVAL BETWEEN ONSET AND DEATH
Conditions contributing to the death but not related to the disease or condition causing death.	<u>3 day</u>
<u>Sub Arachnoid Hemorrhage</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 1 YES <input checked="" type="checkbox"/> NO <input 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 12-19-58 to 12-23-58, 1958, that I last saw the deceased alive on 12-23-58, 1958, and that death occurred at 5:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard R. Blin MD</u>	(Degree or title)	23b. ADDRESS <u>411 Nichols Rd. KCMo</u>	23c. DATE SIGNED <u>12-23-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Dec 24, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Warrensburg Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-23-58</u>	REGISTRAR'S SIGNATURE <u>Neil Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Carson & Sons</u>	ADDRESS <u>Independence, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Richard D. Blin

10-1-81-1000

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 *Raymond F. Hotman*.....

Licensed Embalmer No. *426*

P. O. Address *Dudyp*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.