

DESD NOV 1 0 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36581
Do not use this space.

1. PLACE OF DEATH

(a) County Pulaski Registration District No. 716
(b) Township Tauler Primary Registration District No. 5945 Registered No. 127
(c) City Crocker (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred 12 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Ann Barton

(a) Residence, No. CROCKER - Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George W. Barton		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14th 1880		
7. AGE 78	YEARS	MONTHS 5 DAYS 17
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House keeper		
9. Industry or business in which work was done, as saw mill, bank, etc. At home		
10. Date deceased last worked at this occupation (month and year) Sept. 29, 1938		
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon County, Mo.		
13. NAME Zed Casey		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown		
15. MAIDEN NAME Sarah Castelman		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown		
17. INFORMANT Mrs. Walter Patterson (ADDRESS) Crocker, Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Hickery Point DATE Oct. 3, 1938		
19. FUNERAL DIRECTOR J. L. HOOPS & SONS (ADDRESS) Crocker, Mo.		
20. FILED Oct 2 1938 W. J. Hill Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 1st 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 29, 1938**, to **Oct 1, 1938**
I last saw her alive on **Oct 1, 1938**. Death is said to have occurred on the date stated above, at **9:50 P. M.**
The principal cause of death and related causes of importance were as follows:
Hemiplegia
82 a!
Date of onset **9-29-38**

Other contributory causes of importance:
hypertensive
10-1-38

Name of operation **no.** Date of **9**
What test confirmed diagnosis? **none** Was there an autopsy? **no.**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **no.** Date of injury **0**, 19**0**
Where did injury occur? **0** (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **0**
Nature of injury **0**

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify _____
(Signed) **C. Mallett**, M. D.
(Address) **Crocker, Mo.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Paul B. Hoops, Licensed Embalmer No. 3261

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Paul B. Hoops

for J. L. Hoops & Sons, Funeral Directors

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Paul B. Hoops

Licensed Embalmer No. 3261

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Pulaski Registration District No. 716
 (b) Township Lawern Primary Registration District No. 3945- Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Ann Barton

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 5- 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19__

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 1938

22. I HEREBY CERTIFY, That I attended deceased from 19__ to 19__

I last saw h. _____ alive on _____, 19__ Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Septiplegia
Stroke (hemorrhage)
 Date of onset _____
 Other contributory causes of importance: 8241

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) C. Maffette, M. D.

(Address) Crosser Inn

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

