

NOV 10 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

(b) Township Tauler

(c) City Crocker

Registration District No. 716

Primary Registration District No. 5945

Registered No. 12

(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.

(Usual place of abode, if no street address, write county or city)

St. ☐

(If nonresident, give city or town and State)

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

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

78

5

17

OCCUPATION

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.

FATHER

13. NAME Zed Casey

14. BIRTHPLACE (CITY OR TOWN)

Unknown

MOTHER

15. MAIDEN NAME Sarah Castelman

16. BIRTHPLACE (CITY OR TOWN)

Unknown

17. INFORMANT

Mrs. Walter Patterson

(ADDRESS)

Crocker, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hickory Point

DATE Oct. 3, 1938

19. FUNERAL DIRECTOR

J. L. HOOPS & SONS

(ADDRESS)

Crocker, Mo.

20. FILED

Oct 9, 1938

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
82a!

Date of onset

9-29-38

Other contributory causes of importance:

hypertension
hypertensive
10-1-38

Name of operation no.

Date of 9

What test confirmed diagnosis? no. 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 no. 1938

Where did injury occur? no. (Specify city or town, county, and State)

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

Manner of injury no.

Nature of injury no.

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify

(Signed) C. J. 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 Laverne Primary Registration District No. 3945-
(c) City..... (d) Street No.....
(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. 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 him 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:

Septicemia Date of onset

Tubercular Hemorrhage

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) Crocker Inn

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.

