

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12715

Registration District No. 870

Primary Registration District No. 6152 A3

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

- (a) County Vernon, Deerfield Twp
- (b) City or town Nevada  
(If outside city or town limits, write "RURAL", and name of township)
- (c) Name of hospital or institution:  
Deerfield township 21  
(If not in hospital or institution, write street number & location)
- (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME Edward Barton 635

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia Barton 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Dec 11, 1863  
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Orange, Mass  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER { 12. Name Unknown 9  
13. Birthplace 11 Unknown  
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Unknown 9  
15. Birthplace 11 Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edward Barton

(b) Address Mainville, Mo

17. (a) Burial (b) Date thereof Mar 19, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deerfield Cemetery

18. (a) Signature of funeral director Ford Funeral Home 799

(b) Address Nevada, Mo

19. (a) April 20 (b) Mrs. N. O. Prentiss  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Vernon
- (c) City or town Rural  
(If outside city or town limits, write "RURAL")
- (d) Street No. Deerfield township  
(If rural, give location)
- (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 15  
year 1940 hour 4:00 minute 9 M.

21. I hereby certify that I attended the deceased from Mar 15, 1940 to Mar 15, 1940  
that I last saw him alive on Deceased on my arrival  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Sudden

Due to Hypertension Don't know

Due to \_\_\_\_\_

Other conditions none of it  
(Include pregnancy within 3 months of death)

Major findings: Of operations  Of autopsy

Duration

Underline the cause to which death should be charged statistically.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_
- (b) Date of occurrence \_\_\_\_\_
- Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury

23. Signature W. S. Love M.D. or other \_\_\_\_\_  
Address Nevada, Mo Date signed \_\_\_\_\_

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

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 *personally*

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Lloyd P. Winnett*

Licensed Embalmer No. *3857*

P. O. Address *Merada, 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, above space should be left blank.**