

S. No. 2
OM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32695

State File No. _____

FILED OCT 8 1946

Primary Registration District No. 3006

Registrar's No. 236

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1002 Range Line
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1002 Range Line 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM ESTIL BARTON

3. (b) If veteran, name war World War II 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Macie Sims 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 9 - 21 - 1913
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1 year 1946 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from 9 - 25, 1946, to Oct 1, 1946 that I last saw him alive on Sept 29, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Instant

Duration _____

8. AGE: Years Months Days If less than one day

33 0 10 hr. _____ min.

Due to _____

Due to _____

9. Birthplace Columbia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Machinest

Other conditions (Include pregnancy within 3 months of death) 94A

MOTHER: FATHER: 11. Industry or business _____

12. Name Edward Barton 13. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name May Holton 15. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. May Barton
(b) Address 1002 Range Line, Columbia, Mo.

17. (a) Burial (b) Date thereof 10-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) 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? _____

18. (a) Signature of funeral director Parent Funeral Service
(b) Address Columbia, Mo.

19. (a) 10-4-46 (b) Max R.E. Palmer
(Date received local registrar) (Registrar's signature)

23. Signature A.A. Robnett (M. D. or other) MD
Address Columbia MO Date signed 10/3/46

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

31551

37

Date Filed 10-8-46

District File Number _____

District Health Officer No. 9.

RECEIVED

DEC 16 1946

OCT 6 1950

OCT 25 1946

OCT 31 1946

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 _____

Registered Apprentice No. _____

working under my personal supervision.

Signed W. D. Whitfield

Licensed Embalmer No. 3893

P. O. Address Columbia 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.