

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **23110**
 Registrar's No. **63**

FILED JUN 19 1947

Registration District No. **32**

Primary Registration District No. **6143**

1. PLACE OF DEATH: **Shelby**
 (a) County **Lentner Rural**
 (b) City or town (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **None**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **None** (Specify whether)
Entire life
 In this community (years, months or days)

3. (a) PRINT FULL NAME **Squire Parker Barton**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Anna V. Barton** 6. (c) Age of husband or wife if alive **85** years
 7. Birth date of deceased **February 2nd 1856**
 (Month) (Day) (Year)

8. AGE: Years **91** Months **3** Days **26** If less than one day hr. min.

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

10. Usual occupation **Farming**

11. Industry or business

12. Name **Morgan Barton**

13. Birthplace **Not known**
 (City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth A. McGroom**
 (City, town, or county) (State or foreign country)

15. Birthplace **Virginia**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Amanda King**

(b) Address **Lentner, Mo.**

17. (a) **Burial** (b) Date thereof **5-31-1947**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Ridge Cemetery**

18. (a) Signature of funeral director **Million & Barkelw**
Shelbina, Mo

(b) Address

19. (a) **June 7 47** (b) **Quint Jayne**
 (Date received local registrar) (Registrar's signature) (Date)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Shelby** **102**
 (c) City or town **Lentner Mo. Rural** **0**
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location) **0**
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **28th**
 year **1947** hour **11** minute **55 P.M.**

21. I hereby certify that I attended the deceased from **May 12**, 1947, to **May 28**, 1947.
 that I last saw him alive on **May 12** - 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death **De generative myocarditis** Duration **?**
 Due to **Arterio Sclerosis** **3**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **12**
 Of autopsy **12**
 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

(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?

While at work? (Specify type of place) (e) Means of injury **0**

23. Signature **FG Oraler** (M. D. or nurse)
 Address **Shelbyville Mo** Date signed **6-2-47**

RECEIVED
District Health Officer No. 10
District File Number 6-47-715
JUN 17 1947
Date Filed

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.....

James I Davis....., Registered Apprentice No. *443*,
working under my personal supervision.

Signed..... *Chas. Hawkins*.....

..... Licensed Embalmer No. *3495*.....

P. O. Address..... *St. Louis 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.