

S. No. 2  
M-5-43  
5-17-39  
I X38671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24046**

**FILED AUG 15 1947**

Registration District No. \_\_\_\_\_

Primary Registration District No. **5566**

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

1. PLACE OF DEATH:

(a) County Iron County  
(b) City or town Beulah Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME LEVI BARTON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. ✓

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Lulu Faylener  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov 20 1890  
(Month) (Day) (Year)

8. AGE: Years 57 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Iron Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jubilee Barton  
13. Birthplace Reynolds Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Smith  
15. Birthplace Reynolds Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant C. Mathis  
(b) Address Beulah, Mo.

17. (a) burial (b) Date thereof 8-6-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barton Cemetery

18. (a) Signature of funeral director None  
(b) Address \_\_\_\_\_

19. (a) Aug 11 - 1947 (b) Mrs Elizabeth Logan  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Iron  
(c) City or town Beulah Township  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5  
year 1947 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3-8-47 19\_\_\_\_ to 8-1-47 19\_\_\_\_  
that I last saw h. w alive on 8-1-47 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis - Coronary disease  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)  
Major findings: None  
Of operations \_\_\_\_\_  
Of autopsy 3/10/47

22. If death was due to external causes, fill in the following:  
(c) 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 \_\_\_\_\_  
23. Signature M. M. Hart (M. D. or other) MD  
Address Salem, Mo Date signed 8/5/47

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

SEP 11 1947

RECEIVED

District Health Officer No. 4  
District File Number 847-1058  
Date Filed 8-14-47

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**