

FILED SEP 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27754
27754

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2119 North Fourth		d. STREET ADDRESS (If rural, give location) 2119 North Fourth Street 3	

3. NAME OF DECEASED (Type or Print)	a. (First) Cara	b. (Middle) B.	c. (Last) Barton	4. DATE OF DEATH (Month) (Day) (Year) August 22 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov 21, 1886	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker	10b. KIND OF BUSINESS OR INDUSTRY International Shoe	11. BIRTHPLACE (State or foreign country) Lincoln County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Benjamin F. Barton	13b. MOTHER'S MAIDEN NAME Mary Stark	14. NAME OF HUSBAND OR WIFE Madge (Reynolds) Barton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 497-01-6307	17. INFORMANT'S SIGNATURE OR NAME Thomas Barton (son)	ADDRESS St. Charles, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION		INTERVAL BETWEEN ONSET AND DEATH 3 MOS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY SCLEROSIS		3 MOS
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			1201

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6-28-1949, to AUG 22, 1949, that I last saw the deceased alive on Aug 20, 1949, and that death occurred at 6:10A m., from the causes and on the date stated above.

23a. SIGNATURE Calvin Clay M.D. (Degree or title)	23b. ADDRESS ST. CHARLES MO	23c. DATE SIGNED 8/23/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 25-1949	24c. NAME OF CEMETERY OR CREMATORY Mill Creek Cemetery	24d. LOCATION (City, town, or county) (State) Lincoln County, Mo.
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DATE REC'D BY LOCAL REG. 8/25/49	REGISTRAR'S SIGNATURE Francis H. Havelock	FUNERAL DIRECTOR'S SIGNATURE V. Daltmeyer + Sons Co	ADDRESS 61800 N. 2nd - St. Charles, Mo.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

943

District File Number.....

District Health Officer No. 9,

AUG 27 1949

RECEIVED

1949

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 4189

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Joseph I. Lindall

Licensed Embalmer No. 4189

P. O. Address St. Charles

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.