

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33727**

BIRTH NO. 56710-49 REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5566 Registrar's No. 10

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Iron</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Kaolin Twp.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Kaolin Twp.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles west of Banner</u> | | d. STREET ADDRESS (If rural, give location) <u>2 miles west of Banner</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>Gale</u> c. (Last) <u>Barton</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>10-2-49</u> |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> | 8. DATE OF BIRTH <u>10-1-49</u> |
| 9. AGE (In years last birthday) <u>0</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | 11. BIRTHPLACE (State or foreign country) <u>Banner Missouri</u> |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>Harvey Barton</u> | | 13b. MOTHER'S MAIDEN NAME <u>Maxine Blankenship</u> | 14. NAME OF HUSBAND OR WIFE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Norman Barton, Banner Missouri</u> |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prismatic Birth 6 1/2 months</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from <u>Oct 1, 1949</u> , to <u>Oct 2, 1949</u> , that I last saw the deceased alive on <u>Oct 1, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Frank Gale</u> (Degree or title) | | 23b. ADDRESS <u>Bismarck, Mo</u> | 23c. DATE SIGNED <u>Oct 2 1949</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>10-3-49</u> | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) <u>Goodland Missouri</u> |
| DATE REC'D BY LOCAL REG. <u>Oct 12 - 1949</u> | REGISTRAR'S SIGNATURE <u>Mrs Elizabeth Logan</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Iron ton Mo.</u> | |

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

4100

RECEIVED 10-24-49

District Health Officer No. 4

District File Number 1049-1405

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 _____

was not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Arnell White*

Licensed Embalmer No. *3012*

P. O. Address *Winters, 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.