

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37073

FILED DEC 2 1949

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>145</u>		PRIMARY REG. DIST. NO. <u>5566</u>		Registrar's No. <u>14</u>	
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>GRANITEVILLE GEN DEL</u>		c. LENGTH OF STAY (in this place) <u>10yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GENERAL DELIVERY</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>GRANITEVILLE MO POST OFFICE</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED a. (First) <u>JUBILEE</u>			b. (Middle) <u>NONE</u>		c. (Last) <u>BARTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 13 49</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>3/15/1862</u>		9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 2 HRS. Hours Min. <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>BIXBY MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEORGE BARTON</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA SMITH</u>		14. NAME OF HUSBAND OR WIFE <u>MARTHA</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WILBUR KEITH MIDDLEBROOK MO</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>331X</u>						
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____						
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>9-1</u> , 19 <u>49</u> , to <u>Nov 13</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov 11</u> , 19 <u>49</u> , and that death occurred at <u>10 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James W. Huffman</u>				23b. ADDRESS <u>Bismarck 25 12 MO</u>		23c. DATE SIGNED <u>11-14-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11/15/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BARTON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>BIXBY MO MO</u>			
DATE REC'D BY LOCAL REG. <u>Nov 21 - 1949</u>	REGISTRAR'S SIGNATURE <u>Mrs. Elizabeth Logan</u>		129		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HOWELL FUNERAL HOME IRONTON MO.</u>		

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

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RECORDED 11-25-49
Public Health Officer No. 4
Lot Sale Number 1149-1542
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 _____
G. A. HOWELL Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed G. A. Howell
Licensed Embalmer No. 3670

P. O. Address IRONTON 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.