

FILED MAR 8 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7426

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>369</u>		PRIMARY REG. DIST. NO. <u>6249</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Wayne</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural Benton</u>		c. LENGTH OF STAY (in this place) .....		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Benton</u>		.....	
d. FULL NAME OF HOSPITAL OR INSTITUTION .....				d. STREET ADDRESS (If rural, give location) <u>6 miles north of Piedmont, Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lottie</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Barton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 23, 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 3, 1879</u>	
9. AGE (in years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY .....		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>John Randolph</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Griffie Barton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. .....		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bessie Anderson, 2636 Allen, St. L</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>Intestinal Regurgitation</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) <u>arteriosclerosis</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>410x</u>					
19a. DATE OF OPERATION .....		19b. MAJOR FINDINGS OF OPERATION .....		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute) .....		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>1-10</u> , 19 <u>50</u> , to <u>1-23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-20</u> , 19 <u>50</u> , and that death occurred at <u>3A m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>L. E. Gentry Jr.</u>		(Degree or title) .....		23b. ADDRESS <u>Piedmont, Mo.</u>		23c. DATE SIGNED <u>1-25-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 24, 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Poke Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Corrington Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 6-50</u>		REGISTRAR'S SIGNATURE <u>Surie E. Piles</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William Coder</u>		ADDRESS <u>Piedmont, Mo.</u>	

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

RECEIVED

MAR 6 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-303

**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 \_\_\_\_\_

Coder Funeral Home

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*William Coder*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3723

P. O. Address Piedmont, Missouri

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.