FILED SEP 8 1950

S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26711

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West Plains
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5 mi W. on Rt 3 -

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Crider 0460
d. STREET ADDRESS (If rural, give location) R. F. D. 0

3. NAME OF DECEASED (Type or Print) a. (First) Jas. b. (Middle) Orrin c. (Last) Barton

4. DATE OF DEATH (Month) 7 (Day) 31 (Year) 50

5. SEX M O
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M
8. DATE OF BIRTH 5/29-1882
9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR Months 2 Days 2 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY ✓ ✓
11. BIRTHPLACE (State or foreign country) Sycamore, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Chas. A Barton
13b. MOTHER'S MAIDEN NAME Amelia Hopper
14. NAME OF HUSBAND OR WIFE Mary C. Barton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 343-18-1377
17. INFORMANT'S SIGNATURE OR NAME Mary Barton, ADDRESS Crider Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Lt Chest - following Highway -
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Truck Accident
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: E 8220

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 046
20. AUTOPSY? YES ☐ NO ☒ 32

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Road
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Near West Plains, Howell - Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 31 1950 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Truck He was driving turned over

22. *I hereby certify that I attended the deceased from _____, 19__ to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 2:35 m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Pollock Dupit M.D. Coroner
23b. ADDRESS Howell Co West Plains, Mo
23c. DATE SIGNED 10 Aug 50

24a. BURIAL, CREMATION, REMOVAL (Specify) B
24b. DATE 8/3-50
24c. NAME OF CEMETERY OR CREMATORY Ledbetter
24d. LOCATION (City, town, or county) (State) Crider, Mo.

DATE REC'D BY LOCAL REG. 9-6-50
REGISTRAR'S SIGNATURE Beatrice Cook 379
25. FUNERAL DIRECTOR'S SIGNATURE Robertson, West Plains ADDRESS Mo

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 22 1950

SEP 12 1950

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 ..... Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed D. A. Roberts

Licensed Embalmer No. 3430

P. O. Address West Plains

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.