

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29239

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

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 62169 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <i>Webster</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Webster</i>	
b. CITY OR TOWN <i>rural - Ozark</i> c. LENGTH OF STAY (in this place) <i>lifetime</i>		c. CITY OR TOWN <i>rural - Ozark 1130</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <i>Marshfield R-4</i>	
3. NAME OF DECEASED a. (First) <i>Arnold</i> b. (Middle) <i>Webster</i> c. (Last) <i>Barton</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>July 26 1950</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>married</i>	8. DATE OF BIRTH <i>Sept. 2, 1910</i>
9. AGE (in years last birthday) <i>39</i> 10. MONTHS <i>10</i> 11. DAYS <i>24</i>		9. AGE (in years last birthday) <i>39</i> 10. MONTHS <i>10</i> 11. DAYS <i>24</i>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Janey Co. Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13. FATHER'S NAME <i>Wincie Barton</i>	
13b. MOTHER'S MAIDEN NAME <i>Hattie Sartin</i>		14. NAME OF HUSBAND OR WIFE <i>Fern Barton</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Fern Barton Marshfield Mo</i>
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) <i>Cancer of the Colon</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Cancer with metastases</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		153X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, streets, 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 <i>Jan</i> , 19 <i>50</i> , to <i>July</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>July 26</i> , 19 <i>50</i> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Merle E. Lorton M.D.</i> (Degree or title)		23b. ADDRESS <i>Marshfield Mo.</i>	23c. DATE SIGNED <i>Aug 1, 1950</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>July 28, 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Cass Chapel</i>	24d. LOCATION (City, town, or county) (State) <i>Webster Co. Mo.</i>
DATE REC'D BY LOCAL REG. <i>8/7/50</i>	REGISTRAR'S SIGNATURE <i>J. Francis</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Denver Roller</i>	ADDRESS <i>Marshfield Mo.</i>

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED AUG 14 1950

Dist. File 850-929

Date Filed 8-15-50

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 Denver Roller

Licensed Embalmer No. 4006

P. O. Address Marshfield, 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.