

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File **88011**

FILED DEC 12 '950		BIRTH NO. 75720-50		REG. DIST. NO. 277		PRIMARY REG. DIST. NO. 5948		Registrar's No. 52			
1. PLACE OF DEATH a. COUNTY Pike				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MO b. COUNTY Pike							
b. CITY (If outside corporate limits, write RURAL and give township) Ashtley				c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Ashtley 0820					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)							
3. NAME OF DECEASED (Type or Print)				a. (First) Wm		b. (Middle) named		c. (Last) BARTON		4. DATE OF DEATH (Month) (Day) (Year) 11-11-50	
5. SEX 71		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 11-11-52		9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days Hours Mins	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ashtley MO				12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Robert Barton				13b. MOTHER'S MAIDEN NAME Mary Kincade				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)				16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME Robert Barton Ashtley MO ADDRESS					
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) Spinal Dysphasia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) 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 7.51X	
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) m.				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 11-11 19 50 to 11-11 19 50 , that I last saw the deceased alive on 11-11 19 50 , and that death occurred at 7:30 p.m. , from the causes and on the date stated above.											
23a. SIGNATURE W. Mathews (Degree or title)				23b. ADDRESS Dr. Bowler				23c. DATE SIGNED 11-11-50			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 11-12-50		24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery		24d. LOCATION (City, town, or county) Pike Co.		(State) MO.			
DATE REC'D BY LOCAL REG. 11/26/50		REGISTRAR'S SIGNATURE Bill Robinson		25. FUNERAL DIRECTOR'S SIGNATURE Parents		ADDRESS Ashtley MO.					

(Licensed Embellisher's Statement on Reverse Side)

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

Date Received: DEC 8 1950
DISTRICT HEALTH OFFICE #2
District File Number 12-50-2090
Date Filed: DEC 11 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed.....
Student Embalmer

Licensed Embalmer No.

P. O. Address _____

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.