

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15433

FILED MAY 14 1951

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 229 PRIMARY REG. DIST. NO. 6285 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - Mtn. Grove</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - Mtn. Grove (town)</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME - Wright County</u>		<u>HOME Wright County</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>L.</u> c. (Last) <u>Barton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April-22-1951</u>		
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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>Oct. 12 1896</u>		9. AGE (In years last birthday) <u>75</u>		10. IF UNDER 1 YEAR: Hours <u>6</u> Min. <u>10</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>			11. BIRTHPLACE (State or foreign country) <u>Mo. Wright County</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
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13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Unknown</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Oliver Tharpp</u>		ADDRESS <u>Norwood, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>							
		ANTECEDENT CAUSES							
		DUE TO (b) <u>Arterial Hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Endarteritis</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 11/20/1950, to 4/23/1951, that I last saw the deceased alive on 4/15/1951, and that death occurred at 12:35P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Rolland J. McCreacher</u> (Dr. name or title)		23b. ADDRESS <u>Norwood, Mo</u>		23c. DATE SIGNED <u>4/23/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/24/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>THOMAS</u>		24d. LOCATION (City, town, or county) (State) <u>Norwood WRIGHT Co MO.</u>	
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DATE REC'D BY LOCAL REG. <u>4-24-51</u>		REGISTRAR'S SIGNATURE <u>A.B. Ames</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rev Barber</u> ADDRESS <u>Mtn. Grove Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED MAY 1 1951  
WRIGHT CO. HEALTH DEPT.  
County File Number 551-48  
Date Filed 5-5-51

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 *R. W. Barber*

Licensed Embalmer No. 3848

P. O. Address: *Wm. Howe, 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.