

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 4 1951

State File No. **22935**
Registrar's No. **2895**

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1008		Registrar's No. 2895	
1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY c. LENGTH OF STAY (in this place) 27 YRS d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY d. STREET ADDRESS (If rural, give location) 1213 ASKEW			
3. NAME OF DECEASED (Type or Print) a. (First) ESTA b. (Middle) LEE c. (Last) BARTON		4. DATE OF DEATH (Month) (Day) (Year) JULY 8 - 1951		5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED		8. DATE OF BIRTH JULY 28 - 1893		9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	
11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JACKSON K. SHEPARD		13b. MOTHER'S MAIDEN NAME SARAH VAUGHN	
14. NAME OF HUSBAND OR WIFE GEO. J. 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.		17. INFORMANT'S SIGNATURE OR NAME MISS SARAH BARTON	
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) Acute Bilateral Pulmonary Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Cardiac Decompensation DUE TO (c) Lt Ventricular Heart Failure II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 2 days 10 days 4343	
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) (Min)		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 2-1, 1948 to 7-8, 1951 , that I last saw the deceased alive on 7-7, 1951 , and that death occurred at 12:52 p.m. from the causes and on the date stated above.							
23a. SIGNATURE J. M. Haight		23b. ADDRESS 3401 E. 12th K.C. Mo		23c. DATE SIGNED 7-9-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY-10-1951		24c. NAME OF CEMETERY OR CREMATORY FLOYAL HILLS			
24d. LOCATION (City, town, or county) (State) KANSAS CITY MO		25. FUNERAL DIRECTOR'S SIGNATURE C. H. BLACKMAN & SON		ADDRESS K.C., MO.			
DATE REC'D BY LOCAL REG. 7-9-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE C. H. BLACKMAN & SON			

(Licensed Embalmer's Statement on Reverse Side)

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

REG 4 1959

ABC

VS SEP 24 1959

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.....

W. C. Rivine

Student Embalmer No. *409*

working under my personal supervision.

Student *W. C. Rivine*
Student Embalmer

Signed *Bert B. Bennett*

Licensed Embalmer No. *4656*

P. O. Address *Lansau City,*

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.