

FILED AUG 18 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26778

3371

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 48 hrs.		d. STREET ADDRESS (If rural, give location) 613 1/2 Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			

3. NAME OF DECEASED (Type or Print)	a. (First) Alva	b. (Middle) T.	c. (Last) Barton	4. DATE OF DEATH (Month) (Day) (Year) 7 31 51
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 20, 1902	9. AGE (In years last birthday) 48	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Grocery Clerk		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Natron, New Mexico		12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Frank Barton	13b. MOTHER'S MAIDEN NAME Minnie E. Cecil	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. "Unk."	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Record Clerk: R.C. Gen. Hosp. #1

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.	19. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peripheral circulatory collapse	ANTECEDENT CAUSES		3530
DUPLICATE TO (b) Petit mal epilepsy	Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.		
DUPLICATE TO (c) Ulcerative colitis	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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 June 24, 19 51 to July 31, 19 51, that I last saw the deceased alive on July 31, 19 51 and that death occurred at 6:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns, M.D.	23b. ADDRESS 21th & Cherry	23c. DATE SIGNED 8-1-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 08-3-51	24c. NAME OF CEMETERY OR CREMATORY R.C. Col. of Osteo
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W.E. Wulub, R.C.S. Mo.	
DATE REC'D BY LOCAL REG 8-7-51	REGISTRAR'S SIGNATURE Geraldine Holmes	

(Licensed Embalmer's Statement on Reverse Side)

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

*B. E. Johnson*

**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.....

*B. E. Wicket*

Licensed Embalmer No. *4025*

P. O. Address *K.C.S., 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.