

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28041  
7324

State File No. ....

Registrar's No. ....

FILED AUG 25 1951

318 PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>Reynolds</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis Mo</b>		c. LENGTH OF STAY (In this place) <b>1 day</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Greeley</b>		<b>0900</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>/</b>			
3. NAME OF DECEASED a. (First) <b>James</b>		b. (Middle) <b>Barton</b>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <b>8-13-51</b>	
5. SEX <b>Male</b> COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct. 10, 1877</b>		9. AGE (In years last birthday) <b>73</b> # UNDER 1 YEAR Months Days # UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Taylor Barton</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Bowen</b>		14. NAME OF HUSBAND OR WIFE <b>Loretta</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Loretta Barton, Greeley, Mo.</b>			
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) <b>Chronic + acute pyelonephritis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Benign prostatic hypertrophy</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerotic heart disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b> <b>5 yr.</b> <b>3 yr.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <b>610X</b>			
22. I hereby certify that I attended the deceased from <b>8-13, 1951</b> , to <b>8-13, 1951</b> , that I last saw the deceased alive on <b>8-13, 1951</b> , and that death occurred at <b>12:30</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>FR Bradley M.D.</b> (Degree or title)				23b. ADDRESS <b>BARNES HOSPITAL</b>		23c. DATE SIGNED <b>8/10/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8-13-51</b>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <b>Reynolds Co., Mo.</b>	
DATE RECD BY LOCAL REG. <b>AUG 16 1951</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 me

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Isaac Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis 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.