

361
0

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

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>OKLAHOMA</u> b. COUNTY <u>TULSA</u>	
b. CITY OR TOWN <u>SULLIVAN</u>		c. CITY OR TOWN <u>TULSA</u>	
c. LENGTH OF STAY (in this place) <u>5 HRS.</u>		d. STREET ADDRESS (If rural, give location) <u>1404 N. BOSTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTH SIDE Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>8</u>	
3. NAME OF DECEASED a. (First) <u>JACOB</u> b. (Middle) <u>LEE</u> c. (Last) <u>BARTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 4 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED 3</u>	8. DATE OF BIRTH <u>DEC. 2 1864</u>
9. AGE (In years last birthday) <u>86</u>		10. MONTHS <u>11</u>	11. DAYS <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANDISING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MERCANTILE</u>	11. BIRTHPLACE (State or foreign country) <u>REYNOLDS COUNTY Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.a</u>		13a. FATHER'S NAME <u>JIM BARTON</u>	
13b. MOTHER'S MAIDEN NAME <u>MARY JANE REESE</u>		14. NAME OF HUSBAND OR WIFE <u>DIVORCED</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Larrence Barton</u>		ADDRESS <u>Boss, Mo.</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u> 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4201</u>	
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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> _____		21f. HOW DID INJURY OCCUR? <u>1:30 a.m.</u>	
22. I hereby certify that I attended the deceased from <u>Nov 4</u> , 1951 to <u>Nov 4 3:00 PM</u> , 1951, that I last saw the deceased alive on <u>Nov 4</u> , 1951, and that death occurred at <u>6:45 m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Ronald H. Hatt, M.D.</u> (Degree or title)		23b. ADDRESS <u>Boson, Mo.</u>	
23c. DATE SIGNED <u>11-4-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>NOV. 8, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>West Fork</u>	
24d. LOCATION (City, town, or county) (State) <u>Boson, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. W. Hunter</u> ADDRESS <u>Sullivan, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-5-51</u>		REGISTRAR'S SIGNATURE <u>R. C. Prater</u>	

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 11 1951

RECEIVED

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Edgar W. Laffoon

Licensed Embalmer No. *3394*

P. O. Address *Sullivan 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.