

Class No. 300
10. 48

FILED DEC 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38095

State File No. _____

BIRTH NO. 116522-51 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 379

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY OR TOWN Hannibal
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION St Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY Marion
c. CITY OR TOWN Hannibal 0644
d. STREET ADDRESS (If usual, give location) 1334 Grace ST.

3. NAME OF DECEASED
a. (First) Dorothy b. (Middle) Marie c. (Last) BARTON
4. DATE OF DEATH (Month) (Day) (Year) NOV. 15 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH Feb. 28 1951 9. AGE (In years last birthday) — 10. MONTHS 8 11. DAYS 17 12. HOURS — MIN. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Hannibal Mo 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Frank Barton 13b. MOTHER'S MAIDEN NAME Clara Sullivan 14. NAME OF HUSBAND OR WIFE

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 Frank Sullivan ADDRESS 1334 Grace, Hannibal Mo

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Muscular Dystrophy, Atypical
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) starting 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.
INTERVAL BETWEEN ONSET AND DEATH 3 mo.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 7441 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1/51, 19—, to 11/15/51, 19—, that I last saw the deceased alive on 11/15/51, and that death occurred at 8:25 am., from the causes and on the date stated above.

23a. SIGNATURE Samuel B. Jordan (Degree or title) 23b. ADDRESS Hannibal Mo. Brk Cleg 23c. DATE SIGNED 12-7-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11-17-51 24c. NAME OF CEMETERY OR CREMATORY St Marys Cem 24d. LOCATION (City, town, or county) (State) Hannibal Marion Mo

DATE REC'D BY LOCAL REG. 12/1/51 REGISTRAR'S SIGNATURE W E M Luke FUNERAL DIRECTOR'S SIGNATURE James O'Connell ADDRESS Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

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

644
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RECEIVED DEC 16 1951
HEALTH DEPT.
DATE FILED DEC 16 1951

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 Michael J. O'Connell

Licensed Embalmer No. 3246

P. O. Address. Winnipeg, Man

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.