

FILED DEC 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40416

BIRTH NO.		REG. DIST. NO. 337		PRIMARY REG. DIST. NO. 6143		Registrar's No. 99	
1. PLACE OF DEATH a. COUNTY Shelby county 1020				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lentner rural				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lentner, 1 mile north 1020			
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) X 0			
3. NAME OF DECEASED (Type or Print)		a. (First) ANNA		b. (Middle) VIRGINIA		c. (Last) BARTON	
4. DATE OF DEATH		(Month) 12		(Day) 4		(Year) 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH 6-14-1862	
9. AGE (In years last birthday) 89		10. MONTHS 5		11. DAYS 20		12. IF UNDER 1 YEAR Hours mts. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife				10b. KIND OF BUSINESS OR INDUSTRY Same			
11. BIRTHPLACE (State or foreign country) Shelby Co. Mo. 0				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Bolivar Maupin		13b. MOTHER'S MAIDEN NAME Salina Miller		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Adolph Leftridge, Lentner, 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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart Disease 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 ☐ NO ☒				490X			
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) Shelbina Shelby Mo.		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22. I hereby certify that I attended the deceased from Nov. 1, 1951, to Dec. 4, 1951, that I last saw the deceased alive on Dec. 4, 1951, and that death occurred at 11:15P m., from the causes and on the date stated above.			
23a. SIGNATURE R. L. Baldwin D.O.		(Degree or title)		23b. ADDRESS Shelbina, Mo.		23c. DATE SIGNED Dec. 7/51.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-6-1951		24c. NAME OF CEMETERY OR CREMATORY Oak Ridge		24d. LOCATION (City, town, or county) (State) Shelby Co. Mo.	
DATE REC'D BY LOCAL REG. 12-7-51		REGISTRAR'S SIGNATURE Ada Garrison		FURNERAL DIRECTOR'S SIGNATURE BARKELEW-HAWKINS		ADDRESS Shelbina, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: DEC 10 1951
DISTRICT HEALTH OFFICE #2
District File Number 12-51-2237
Date Filed: DEC 11 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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 3498

P. O. Address Sheltown, Va

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.