

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7307

State File No.

BIRTH NO. REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 4033 Registrar's No. 22

0070
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY <u>Bates</u>			a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Amoret</u>		c. LENGTH OF STAY (in this place) <u>83</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Amoret</u> <u>0070</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>0</u>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Jesse</u>	b. (Middle) <u>B.</u>	c. (Last) <u>Barton</u>	Date	Month	Year
			<u>Mar.</u>	<u>4</u>	<u>1952</u>

5. SEX <u>male</u> <u>0</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Oct 19, 1867</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Days <u>4</u> Months <u>15</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Trading Post / Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Robert B. Barton</u>	13b. MOTHER'S MAIDEN NAME <u>Charity F. Hinds</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Troy Barton</u> ADDRESS <u>Amoret Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nyctostaticobar Pneumonia</u>	DUPLICATE OF (a) <u>Senile Dementia</u>		1 yr.
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUPLICATE OF (b) <u></u>		
DUPLICATE OF (c) <u></u>	DUPLICATE OF (c) <u></u>		
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 <u>304X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 11, 1941, to March 4, 1952, that I last saw the deceased alive on March 3, 1952, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. H. Dehner, D.O.</u>	23b. ADDRESS <u>Amoret, Missouri</u>	23c. DATE SIGNED <u>3-7-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-7-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Benjamin</u>	24d. LOCATION (City, town, or county) (State) <u>Amoret Mo.</u>
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DATE REC'D BY LOCAL REG. <u>March 11-52</u>	REGISTRAR'S SIGNATURE <u>Rudolf Kump</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brother & Mangold</u> ADDRESS <u>Amoret</u>
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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.....

L. A. Mangold

Licensed Embalmer No. *21616*

P. O. Address *Amsterdam M*

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.