

FILED MAY 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13975

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington -Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington - Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francois Twp.		d. STREET ADDRESS (If rural, give location) 0940	

3. NAME OF DECEASED (Type or Print)	a. (First) GARY	b. (Middle) L	c. (Last) BARTON	4. DATE OF DEATH (Month) (Day) (Year) April 27 1952
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant	8. DATE OF BIRTH Oct 31 1949	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Month 5 Days 26	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY child	11. BIRTHPLACE (State or foreign country) Farmington Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Jerry Barton	13b. MOTHER'S MAIDEN NAME Helen Brewer	14. NAME OF HUSBAND OR WIFE Never married
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Jerry Barton ADDRESS Farmington Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral pneumonia		
	ANTECEDENT CAUSES asphyxiation		
	Morbidity 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"/>
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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 Dec, 1951, to Mar 15, 1952, that I last saw the deceased alive on Mar 15, 1952, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) Dr.	23b. ADDRESS Farmington Mo	23c. DATE SIGNED 5-29-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE April 29 1952	24c. NAME OF CEMETERY OR CREMATORY PENDLETON	24d. LOCATION (City, town, or county) (State) DOE RUN MO
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DATE REC'D BY LOCAL REG. Apr. 29 1952	REGISTRAR'S SIGNATURE Ether Pendleton	25. FUNERAL DIRECTOR'S SIGNATURE C.H. COLEMAN ADDRESS FARMINGTON MO
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(Licensed Embalmer's Statement on Reverse Side)

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

0940
1

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 _____

Licensed Embalmer No. 4084

P. O. Address Farmington, Me.

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.