

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39725**

No. 300
10.48

0412
4

FILED NOV 19 1952 REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **217**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla Missouri		c. LENGTH OF STAY (In this place) 2 mos	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tuscumbia		d. STREET ADDRESS (If rural, give location) Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home		3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) Andrew c. (Last) Barton	
4. DATE OF DEATH (Month) (Day) (Year) Nov. 3, 1952		5. SEX Male 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 14, 1864	
9. AGE (In years last birthday) 88 IF UNDER 1 YEAR Months 8 Days 20 IF UNDER 12 HRS. Hours Mins. 		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barning	
10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Miller County - Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Robert Barton	
13b. MOTHER'S MAIDEN NAME Catherine Wells		14. NAME OF HUSBAND OR WIFE Amy Arziona Barton	
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 James Barton		ADDRESS Tuscumbia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Old age ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture of Left Hip 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"/>		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) Rolla	
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?			
22. I hereby certify that I attended the deceased from Sept 4, 1952 to Nov 3, 1952 that I last saw the deceased alive on Nov 3, 1952 and that death occurred at 6:40A m. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H. H. Owen M.D.		23b. ADDRESS Rolla, Mo	
23c. DATE SIGNED Nov 4 1952			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 5/52	
24c. NAME OF CEMETERY OR CREMATORY Capps Cemetery		24d. LOCATION (City, town, or county) (State) Tuscumbia, Mo Rural	
DATE REC'D BY LOCAL REG. Nov. 12, 1952		REGISTRAR'S SIGNATURE Nadine L. Stoll	
25. FUNERAL DIRECTOR'S SIGNATURE Nadine L. Stoll		ADDRESS Nadine L. Stoll Funeral Home, Rolla, Mo.	

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

County Health Officer,
County File Number _____
Date Filed 11-18-52

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 Walter D. Hedges

Licensed Embalmer No. 4265

P. O. Address Spicer, 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.