

FILED JAN 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42849

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 4320 Registrar's No. 55

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

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Marion</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p style="text-align: center;">Missouri</p> b. COUNTY <p style="text-align: center;">Marion</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Palmyra</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Palmyra</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">0</p>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <p style="text-align: center;">Mary</p>	b. (Middle) <p style="text-align: center;">Barton</p>	c. (Last)	(Month) <p style="text-align: center;">12/20</p>	(Day) <p style="text-align: center;">52</p>	(Year)

5. SEX <p style="text-align: center;">female</p>	6. COLOR OR RACE <p style="text-align: center;">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <p style="text-align: center;">5/18/85</p>	9. AGE (In years last birthday) <p style="text-align: center;">67</p>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Housewife</p>	10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">None</p>	11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Palmyra Mo</p>	12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U.S.A.</p>
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13a. FATHER'S NAME <p style="text-align: center;">John Cox</p>	13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Julia Irwin</p>	14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">John Barton (Deceased)</p>
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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) <p style="text-align: center;">No</p>	16. SOCIAL SECURITY NO. <p style="text-align: center;">No</p>	17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Russell Barton</p>	ADDRESS <p style="text-align: center;">Palmyra Mo.</p>
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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 <p style="text-align: center;">10 days</p> <p style="text-align: center;">30 days</p>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> 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 <p style="text-align: center;">4201</p>	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)	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 Jan 21, 1952, to Dec 20, 1952, that I last saw the deceased alive on Dec 20, 1952, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE <p style="text-align: center;">H. R. ...</p>	(Degree or title)	23b. ADDRESS <p style="text-align: center;">Palmyra Mo</p>	23c. DATE SIGNED <p style="text-align: center;">12/31/52</p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>	24b. DATE <p style="text-align: center;">12/23/52</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Greenwood Cem.</p>	24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Palmyra Mo</p>
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">12/24/52</p>	REGISTRAR'S SIGNATURE <p style="text-align: center;">B. ...</p>	25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">C. J. Spague</p>	ADDRESS <p style="text-align: center;">Palmyra Mo.</p>
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RECEIVED JAN 8 1953
MARION CO. HEALTH DEPT.
DATE FILED JAN 8 1953

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 E. J. Sprague

Licensed Embalmer No. 3245

P. O. Address Palmyra 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.