

FILED DEC 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44231

BIRTH NO.		REG. DIST. NO. 337		PRIMARY REG. DIST. NO. 4499		Registrar's No. 96	
1. PLACE OF DEATH a. COUNTY Shelby				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 Shelbyna, Missouri		c. LENGTH OF STAY (in this place) 45 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbyna, Missouri		1020	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home				d. STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED (Type or Print) a. (First) Susan		b. (Middle) Catherine		c. (Last) Barton		4. DATE OF DEATH (Month) (Day) (Year) 12-13-1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 6-1865	
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Monroe County, Missouri	
13a. FATHER'S NAME Bradford Cumley		13b. MOTHER'S MAIDEN NAME Catherine Campbell		14. NAME OF HUSBAND OR WIFE J. Sam Barton			
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 Brad Barton			
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) Hypostatic pneumonia, Hemiparesis, Hemiplegia, Arteriosclerosis & Hypertension ANTECEDENT CAUSES Morbid 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.				INTERVAL BETWEEN ONSET AND DEATH 72 hrs.	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 November, 1951, to December, 1952, that I last saw the deceased alive on 12/12, 1952, and that death occurred at 9:00 P. M., from the causes and on the date stated above.							
23a. SIGNATURE T. J. Threcker MD (Degree or title)				23b. ADDRESS Shelbyna, Mo		23c. DATE SIGNED 12/15/52	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 12-15-1952		24c. NAME OF CEMETERY OR CREMATORY Shelbyna I.O.O.F.		24d. LOCATION (City, town, or county) (State) Shelbyna, Missouri	
DATE REC'D BY LOCAL REG. 12-15-52		REGISTRAR'S SIGNATURE Ada Garrison 12/19		25. FUNERAL DIRECTOR'S SIGNATURE Barlow & Hawkins Shelbyna, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

James D. Davis

Licensed Embalmer No. *4478*

P. O. Address. *Shelbina, 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.