

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44374**

FILED JAN 10 1953

BIRTH NO. _____ REG. DIST. NO. **371** PRIMARY REG. DIST. NO. **6259** Registrar's No. **26**

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

1. PLACE OF DEATH a. COUNTY Webster		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Webster	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural East Benton		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural East Benton	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) THOMAS c. (Last) BARTON		4. DATE OF DEATH (Month) (Day) (Year) Dec. 31, 1952	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 30, 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer - retired		10b. KIND OF BUSINESS OR INDUSTRY self	9. AGE (In years last birthday) 69
13a. FATHER'S NAME George A. Barton		13b. MOTHER'S MAIDEN NAME Mary Jane Criger	11. BIRTHPLACE (State or foreign country) Missouri
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	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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.		14. NAME OF HUSBAND OR WIFE Tribbie Zone Barton	
17. INFORMANT'S SIGNATURE OR NAME Mrs Lawrence Barton		ADDRESS Fordland, Mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
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"/>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/27, 1952 , to 12/31, 1952 , that I last saw the deceased alive on 12/30, 1952 , and that death occurred at 9:52a m. , from the causes and on the date stated above.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23a. SIGNATURE [Signature] (Degree or title) Sec.		23b. ADDRESS Marshall, Mo.	
23c. DATE SIGNED 1/5/53		24. LOCATION (City, town, or county) (State) Webster Co. Missouri	
24. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-2-53	
24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove Cem.		24d. LOCATION (City, town, or county) (State) Webster Co. Missouri	
DATE REC'D BY LOCAL REG. 1-9-53		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Fordland, Mo.	

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 K. K. Kelley

Signed.....
Student Embalmer

Licensed Embalmer No. 3334

P. O. Address Fordland 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.