

FILED FEB 10 1953

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4568

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u>	
c. LENGTH OF STAY (If this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>1900 W. Austin Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALFRED</u> b. (Middle) <u>H.</u> c. (Last) <u>BARTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-3-1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>7-27-1902</u>	9. AGE (In years last birthday) <u>50</u>	# UNDER 1 YEAR Months <u>6</u> Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineering</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State Hosp #3</u>	11. BIRTHPLACE (State or foreign country) <u>Nevada Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>L. G. Barton</u>	13b. MOTHER'S MAIDEN NAME <u>Dollie</u>	14. NAME OF HUSBAND OR WIFE <u>Allie Barton Mo.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>499-22-330</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Allie Barton Nevada, Mo.</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Balear cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u> <u>6 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>			

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)	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 2 June, 1946, to 3 Feb, 1953, that I last saw the deceased alive on 3 Feb, 1953, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ray W. Pearce (M.D.)</u>	23b. ADDRESS <u>Nevada Mo.</u>	23c. DATE SIGNED <u>2/6/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-6-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-7-53</u>	REGISTRAR'S SIGNATURE <u>Amal E. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray's Funeral Service</u>	ADDRESS <u>Nevada</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

Allen V. Keys

Signed.....

Student Embalmer

Licensed Embalmer No. *1968*

P. O. Address *Nevada 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.

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