

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7000

State File No.

FILED MAR 4 - 1953

BIRTH NO. REG. DIST. NO. 265 PRIMARY REG. DIST. NO. 4387 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Oregon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>	
b. CITY OR TOWN <u>Alton</u>	c. LENGTH OF STAY (in this place) <u>life</u>	c. CITY OR TOWN <u>Alton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>AMBER</u> c. (Last) <u>BARTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 14, 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>July 22, 1865</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Oregon County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>John Barton</u>	13b. MOTHER'S MAIDEN NAME <u>Faunt Lawson</u>	14. NAME OF HUSBAND OR WIFE <u>Molly Barton</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.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Molly Barton</u>
		ADDRESS <u>Alton, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>file</u>		3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lobar Pneumonia</u>		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>480x</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Feb 10, 1953, to Feb 14, 1953, that I last saw the deceased alive on Feb 13, 1953, and that death occurred at 7:50 a m., from the causes and on the date stated above.

23a. SIGNATURE <u>William Hill</u>	(Degree of title)	23b. ADDRESS <u>Alton, Mo.</u>	23c. DATE SIGNED <u>2/15/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2-16-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cave Spring Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Alton, Oregon, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb 28-53</u>	REGISTRAR'S SIGNATURE <u>Mrs W C Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Deland Carter</u>	ADDRESS <u>Alton, Mo</u>

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

0750

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

Edward Owen

Licensed Embalmer No. 4516

P. O. Address Thompson

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.