

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8601

FILED MAR 9 - 1953

BIRTH NO. <u>74228</u>		REG. DIST. NO. <u>378</u>		PRIMARY REG. DIST. NO. <u>4353</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>Crest</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis Mo</u>		c. LENGTH OF STAY (If in place) <u>7 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jacks Fork Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural 1010</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>							
3. NAME OF DECEASED a. (First) <u>Columbus</u> b. (Middle) <u>Lee</u> c. (Last) <u>Barton</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 6 - 1953</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>		8. DATE OF BIRTH <u>Oct 22 - 52</u>	
9. AGE (In years last birthday) <u>2</u>		10. MONTHS <u>1</u>		11. DAYS <u>17</u>		12. IF UNDER 14 Hrs. Hour Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) <u>Shannon Co Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Delas Barton</u>				13b. MOTHER'S MAIDEN NAME <u>Pearl Counts</u>			
14. NAME OF HUSBAND OR WIFE							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no, specify war) <u>No</u>				16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME <u>Delas Barton</u>				ADDRESS <u>Mo Jacks Fork 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Labar Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>			
2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>490X</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) (Min.)		21e. INJURY OCCURRED AT <input type="checkbox"/> HOME <input type="checkbox"/> 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 <u>Jan 6, 1953</u> , to <u>Jan 6, 1953</u> , that I last saw the deceased alive on <u>Jan 6, 1953</u> , and that death occurred at <u>11:41 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Richard B. Mitchem D.O.</u>				23b. ADDRESS <u>Wm. Grove, Missouri</u>		23c. DATE SIGNED <u>1/10/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/7-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Delhi Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Shannon Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-16-53</u>		REGISTRAR'S SIGNATURE <u>A. C. Ames</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shannon Funeral Home</u>		ADDRESS <u>Shannon Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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WRIGHT CO. HEALTH DEPT.  
County File Number 353-36  
Date Filed 2-2-53

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 \_\_\_\_\_

Licensed Embalmer No. 3576

P. O. Address \_\_\_\_\_

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.