No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17645

BIRTH NO: _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 478

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 420 So. Fort

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ash Grove, Rural
d. STREET ADDRESS (If rural, give location): 3 miles south

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3. NAME OF DECEASED (Type or Print)
a. (First): TALT
b. (Middle): JAMES
c. (Last): BARTON

4. DATE OF DEATH (Month) (Day) (Year): May 18, 1953

5. SEX: Male
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: Feb 4-1877
9. AGE (In years last birthday): 76 — If under 1 year: Months ___ Days ___ If under 1 hr.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Houston - Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Emma Barton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Jesse F. Barton
ADDRESS: 420 So Fort Spfld. Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Toxemia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Metastatic Malignancy — 6 mos.
DUE TO (c): Carcinoma of Bladder — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
181x

19a. DATE OF OPERATION: Dec 1952
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Prostate and Bladder
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June *1944, to* May 18, *1953, that I last saw the deceased alive on* May 17, *1953, and that death occurred at* 1:30 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Homer F. Matz, M.D. (Degree or title)
23b. ADDRESS: Ash Grove, Mo
23c. DATE SIGNED: 5-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 19-1953
24c. NAME OF CEMETERY OR CREMATORY: Ash Grove Cemetery
24d. LOCATION (City, town, or county) (State): Ash Grove Missouri

DATE REC'D BY LOCAL REG.: 5-20-53
REGISTRAR'S SIGNATURE: Edith Williamson Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: Brim - Daniel Ash Grove Mo
ADDRESS

(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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Doyle L. Samuel

Licensed Embalmer No. 7202

P. O. Address Oak Grove - 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.