

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32466

State File No.

ED OCT 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>231</u>		PRIMARY REG. DIST. NO. <u>4347</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Middletown</u>		c. LENGTH OF STAY (in this place) <u>80</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Middletown</u>		0700	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u>		b. (Middle) <u>Arthur</u>		c. (Last) <u>Barton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 7 1953</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify) _____		8. DATE OF BIRTH <u>Jan 19 1873</u>	
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 HRS. Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (State or foreign country) <u>Middletown, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Barton</u>			13b. MOTHER'S MAIDEN NAME <u>Amanda Day</u>			14. NAME OF HUSBAND OR WIFE _____	
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 ADDRESS <u>Mrs. Pearl Mae Rose Middletown, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular-renal condition</u> DUE TO (c) <u>Dementia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>20 hrs.</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) <u>4201</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR _____			
22. I hereby certify that I attended the deceased from <u>Oct 6</u> , 1953, to <u>Oct 7</u> , 1953, that I last saw the deceased alive on <u>Oct 6</u> , 1953, and that death occurred at <u>6 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. R. Tuttle D.O.</u>				23b. ADDRESS <u>Middletown, Mo.</u>		23c. DATE SIGNED <u>Oct 8, 1953</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>10-9-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairmount Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Middletown Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 8-53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Zoe Chapman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Butler-Pritchett</u>		ADDRESS <u>Middletown, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0200

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

John H. Lutter
Licensed Embalmer No. *44497*
P. O. Address *Pauling Green*

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.