

BIRTH NO. 1343840 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 25

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| 1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FRANKCLAY</u> | |
| c. LENGTH OF STAY (In this place) <u>2 HRS.</u> | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSPITAL</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>RICKY</u> | b. (Middle) <u>GLEN</u> | c. (Last) <u>BARTON</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 21, 1954</u> |
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| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u> | 8. DATE OF BIRTH <u>JUNE 23, 1953</u> | 9. AGE (In years last birthday) <u>6</u> | 10. MONTHS <u>28</u> | 11. DAYS <u>28</u> | 12. HOURS <u>28</u> | 13. MIN. <u>28</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NAME</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>BONNE TERRE MO. 0</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>BYRON BARTON</u> | 13b. MOTHER'S MAIDEN NAME <u>JEAN CASH</u> | 14. NAME OF HUSBAND OR WIFE |
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| 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>SCALE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS BYRON BARTON</u> | ADDRESS <u>FRANKCLAY, MO.</u> |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>9 hrs</u> <u>?</u> <u>1</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Acute Lymphatic Leukemia</u> | | |
| DUE TO (b) | | DUE TO (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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>2040</u> |
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| 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 |
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22. I hereby certify that I attended the deceased from 1/21, 1954 to 1/21, 1954; that I last saw the deceased alive on 1/21, 1954 and that death occurred at 11:30 A. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>John W Hunt</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Leadwood Mo</u> | 23c. DATE SIGNED <u>1/23/54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>1/23/54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>ADAMS CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>FRANKCLAY, MO.</u> |
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| DATE REC'D BY LOCAL REG. <u>Jan. 23, 1954</u> | REGISTRAR'S SIGNATURE <u>Ether Ridloff</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>BERT L. BOYER</u> | ADDRESS <u>LEADWOOD, MO</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Ladwood, 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.