

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4722**  
Registrar's No. **514**

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>10 days</b>	c. CITY OR TOWN <b>Hickman Mills</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>9009 East 73rd. Street</b> <i>7400</i>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Miller</b> b. (Middle) <b>Edwin</b> c. (Last) <b>BARTON.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 31 1954</b>					
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>7/16/22</b>	9. AGE (In years last birthday) <b>31</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Philadelphia Quartz Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Clarence, Missouri</b>				
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>James L. Barton</b>					
13b. MOTHER'S MAIDEN NAME <b>Norma Miller</b>			14. NAME OF HUSBAND OR WIFE <b>Elizabeth Barton</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes War II</b>		16. SOCIAL SECURITY NO. <b>498-14-0227</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Elizabeth Barton 9009 E. 73rd St.</b>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bile Peritonitis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Duodenal Ulcers</b> DUE TO (c) <b>—</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>5410</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 DAYS.</b> <b>10 YRS.</b>		
19a. DATE OF OPERATION <b>1-28/54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Chronic Duodenal Ulcers &amp; Severe Hemorrhage</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>—</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>—</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>—</b>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <b>—</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>—</b>				
22. I hereby certify that I attended the deceased from <b>12 JAN. 1954</b> , to <b>JAN 31, 1954</b> , that I last saw the deceased alive on <b>JAN. 30, 1954</b> , and that death occurred at <b>9:50 a.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Harry Biggs</b> (Degree or title) <b>Harry S. Biggs, M.D.</b>			23b. ADDRESS <b>Raytown, Mo</b>		23c. DATE SIGNED <b>1-31-54</b>			
24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 2, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Raytown, Missouri.</b>			
DATE REC'D BY LOCAL REG. <b>2-2-54</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Geo. C. Carson</b> <b>Carson Funeral Home, Indep. Mo.</b>				

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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.....  
Signature of Student Embalmer

Signed *Dean W. Huff*.....

Licensed Embalmer No. *4914*.....

P. O. Address *Independence*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.