

FILED APR 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13088

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL RANDOLPH		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL RANDOLPH 0940	
c. LENGTH OF STAY (in this place) 8 YEARS		d. STREET ADDRESS (If rural, give location) ELVINS R.F.D. No. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION ELVINS R.F.D. No. 1			

3. NAME OF DECEASED (Type or Print) a. (First) GROVER b. (Middle) CLEVELAND c. (Last) BARTON			4. DATE OF DEATH (Month) (Day) (Year) APRIL 15 1954			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 20 1891	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 9 Days 25	IF UNDER 12 HOURS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY GENERAL HAULING		11. BIRTHPLACE (State or foreign country) REYNOLDS COUNTY, MO.		12. CITIZENRY OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME RODE BARTON		13b. MOTHER'S MAIDEN NAME AMANDA LAWSON		14. NAME OF HUSBAND OR WIFE KATTIE BARTON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS KATTIE BARTON ELVINS R.F.D. No. 1 MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		DUPLICATE			2 wks.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) unknown				
		DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201			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 WHILE AT 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 **April 3, 1954**, to **April 15, 1954**, that I last saw the deceased alive on **April 14, 1954** and that death occurred at **11:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. I. Foster (Degree or title) M.D.		23b. ADDRESS Wedge Mo.		23c. DATE SIGNED 4-16-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4/18/54		24c. NAME OF CEMETERY OR CREMATORY MITCHELL CEMETERY	
24d. LOCATION (City, town, or county) (State) ST. FRANCOIS COUNTY, MO.		24e. FUNERAL DIRECTOR'S SIGNATURE BERT L. BAYER		24f. ADDRESS LEAWOOD, MO.	
DATE REC'D BY LOCAL REG. April 16, 1954		REGISTRAR'S SIGNATURE Ethered		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BERT L. BAYER, LEAWOOD, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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 Lealwood, 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.