

FILED DEC 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43110

No. 300

10. 48

State File No.

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 612A Registrar's No. 307

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eminence Township</u>		c. CITY OR TOWN <u>Eminence Township</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 Month</u>		e. STREET ADDRESS (If rural, give location) <u>Eminence Township 1010</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Harrison</u> c. (Last) <u>Barton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Decy 7 1954</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>7/6/1884</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Days <u>5</u> IF UNDER 4 HRS. Hours <u>1</u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Timber Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dent County 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>United St.</u>

13a. FATHER'S NAME <u>Sampson Barton</u>	13b. MOTHER'S MAIDEN NAME <u>Gemina Turner</u>	14. NAME OF HUSBAND OR WIFE <u>Wife Unknown</u>
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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>Unknown</u>	16. SOCIAL SECURITY NO. <u>359-09-0694</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lee Gore</u>	ADDRESS <u>Midridge 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bullet Wound in head (Self-inflicted)</u>		
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>E976X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Eminence Township Shannon Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 7 1954 7:30</u>	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:30 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. J. Wilson, County Coroner</u>	23b. ADDRESS <u>Eminence, Mo.</u>	23c. DATE SIGNED <u>12/17/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>Dec 8-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Midridge Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Eminence Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-27-54</u>	REGISTRAR'S SIGNATURE <u>Mabel Pace</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Seaman General Home</u>	ADDRESS <u>Mo. Xxxxx Mo</u>
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(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.....
Signature of Student Embalmer

Signed.....
John J. Duncan

Licensed Embalmer No. *251*

P. O. Address *W. W. W. W.*

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.