

FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14664

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 509

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>55 yrs</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>426 Thompson</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Irvin</u>	b. (Middle) <u>R.</u>	c. (Last) <u>Barton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 19, 1955</u>
-------------------------------------	----------------------------	--------------------------	----------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 11, 1891</u>	9. AGE (In years last birthday) Months Days <u>63</u>	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) <u>Insurance salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Life Insurance</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ford City Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	---	---

13a. FATHER'S NAME <u>Oliver P. Barton</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Reininger</u>	14. NAME OF HUSBAND OR WIFE <u>Ruby Barton</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>249-10-4903</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William J. Barton, Tonganoxie, Kansas</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute 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>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Arteriosclerosis</u>		<u>unknown</u> <u>unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</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)
--	--	---

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?
---	--	----------------------------

22. I hereby certify that I attended the deceased from Oct 16, 1953, to May 19, 1955, that I last saw the deceased alive on May 19, 1955, and that death occurred at 9:44A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Sharon E. Swygonski M.D.</u>	23b. ADDRESS <u>301 Illinois St. Joseph Mo.</u>	23c. DATE SIGNED <u>5/20/55</u>
---	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 21, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
--	----------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>May 24, 1955</u>	REGISTRAR'S SIGNATURE <u>Ethel M. Allison</u>	485	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clark Funeral Home 120 Illinois Ave.</u>
---	--	-----	---

(Licensed Embalmer's Statement on Reverse Side)

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

1961 6 2 11:07

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 *Lin J. Phelan*

Licensed Embalmer No. 46

P. O. Address *J. J. Phelan*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.