

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15135

State File No.

500

FILED JUN 13 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY OR TOWN Springfield,	d. Is 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) D.A.A.		e. STREET ADDRESS (If rural, give location) Route 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Elvena b. (Middle) _____ c. (Last) Barton			4. DATE OF DEATH (Month) (Day) (Year) June 7, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 22, 1906	9. AGE (In years last birthday) Months Days 48 5 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY In Home	11. BIRTHPLACE (City and State or Foreign Country) Fordland, Missouri	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Levi Burks		13b. MOTHER'S MAIDEN NAME Sarah Burks		14. NAME OF HUSBAND OR WIFE Emert O. Barton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emert O. Barton, Route 3 Springfield, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c)) <i>Does not mean the mode of dying, such as heart failure, asphyxia, etc. Means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary artery sclerosis DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 4/201		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 **May 20, 1955**, to **June 7, 1955**, that I last saw the deceased alive on **June 26, 1955**, and that death occurred at **10:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. D. Sundstrom M.D.		23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 6-8-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-11-55		24c. NAME OF CEMETERY OR CREMATORY White Chapel	
24d. LOCATION (City, town, or county) (State) Springfield, Greene Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lawrence Schantz 7. N. N. Springfield, Mo.			
DATE REC'D BY LOCAL REG. 6/8/55		REGISTRAR'S SIGNATURE Paul Williamson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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

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JUN 21 1955

UNIVERSITY

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 *Lewis G. Schaff*.....

Licensed Embalmer No. 380.....

P. O. Address *Springfield*.....

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.