

## STANDARD CERTIFICATE OF DEATH

FILED AUG 15 1955

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| BIRTH NO.  |  | REG. DIST. NO. <u>299</u>  |  | PRIMARY REG. DIST. NO. <u>6125</u> Registrar's No. <u>8</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Reynolds</u>   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u> |  |  |
| b. CITY (If outside corporate limits write RURAL) OR TOWN <u>rural</u>   |  | c. LENGTH OF STAY (in this place) <u>13 yrs</u>  | c. CITY OR TOWN <u>Black</u>   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>X</u>  |  |  | e. STREET ADDRESS (If rural, give location)<br><u>Oates rt</u> <u>0900</u>   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Flash</u> b. (Middle) <u>Gordan</u> c. (Last) <u>Barton</u>  |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>8-4-55</u>  |  |  |
| 5. SEX <u>male</u>   | 6. COLOR OR RACE <u>white</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>single</u>   | 8. DATE OF BIRTH<br><u>Feb 4 1942</u>  |  | 9. AGE (In years last birthday) <u>13</u>                                |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>student</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>X</u>  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Reynolds Co Mo</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U S</u>                               |
| 13a. FATHER'S NAME<br><u>Wilbur Barton</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Artie Smith</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>xxx</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> <u>X</u>   |  | 16. SOCIAL SECURITY NO.<br><u>X</u>  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Artie Barton Black Mo</u>  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.         | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the <del>stomach</del> Left tibia with metastases to both lungs.</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>the <del>stomach</del> Left tibia</u><br>DUE TO (c) <u>metastases to both lungs.</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH   |
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION<br><u>196X</u>  |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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 <u>Missouri since 2/10/54</u> that I last saw the deceased <u>Missouri 8/4/55</u> , and that death occurred at <u>3:15 p.m.</u> , from the causes and on the date stated above. |  |  |  |  |  |
| 23a. SIGNATURE (Degree or title)<br><u>G. M. Fitzpatrick M.D.</u>  |  |  | 23b. ADDRESS<br><u>Westerville Mo</u>  |  | 23c. DATE SIGNED<br><u>8/5/55</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u>   | 24b. DATE<br><u>8-6-55</u>   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Smith Cem</u>   | 24d. LOCATION (City, town, or county) (State)<br><u>Black Mo</u>   |  |  |
| DATE REC'D BY LOCAL REG.<br><u>8/5/55</u>  |  | REGISTRAR'S SIGNATURE<br><u>G. M. Fitzpatrick</u>  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Carl J. Turner</u>  |  | ADDRESS<br><u>Missouri</u>   |

(Licensed Embalmer's Statement on Reverse Side)

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

Received 8-10-55  
Reynolds County Health  
File No. 855 - 34

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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 Carl D. Jensen

Licensed Embalmer No. 23

P. O. Address Palmer

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