

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

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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37983**  
Registrar's No. **10503**

Reg. #12285

SL #7280 FILED DEC 12 1955

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) <b>915 N. Grand, St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) <b>21 days</b>	c. CITY OR TOWN <b>St. Louis</b>	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 <b>VETERANS ADMINISTRATION HOSP.</b>		e. STREET ADDRESS (If rural, give location) <b>5055 Raymond Avenue</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ADRIAN</b>		b. (Middle) <b>O.</b>	c. (Last) <b>BARTON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>November 30, 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>2/24/98</b>	9. AGE (In years last birthday) <b>57</b>	F UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Watchman</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Medina, Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Barton</b>		13b. MOTHER'S MAIDEN NAME <b>Lillian Miller</b>		14. NAME OF HUSBAND OR WIFE <b>Estle Barton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>WW-2 401-28-6354</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA Hosp. Records, St. Louis, Mo.</b> ADDRESS			
18. CAUSE OF DEATH—Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>LAENNEC'S CIRRHOSIS WITH ACUTE HEPATIC NECROSIS</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Undetermined</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>ARTERIOSCLEROTIC HEART DISEASE</b>				II
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>5811 - 581-0</b>				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) <b>VA</b>	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 <b>11/9, 1955, to 11/30, 1955</b> , that I last saw the deceased <del>the morning of 11/30/55</del> and that death occurred at <b>5:30 A. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <i>J.T. Kaminsky</i>		23b. ADDRESS (Degree or title) <b>M.D. VAH, St. Louis, Mo.</b>		23c. DATE SIGNED <b>11/30/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>12-2-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National</b>	24d. LOCATION (City, town, or county) (State) <b>Jeff. Bks. MO</b>		
DATE REC'D BY LOCAL REG. <b>DEC 1 1955</b>	REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Edward Fendler</b> ADDRESS <b>5611 so. Grand</b>			

(Licensed Embalmer's Statement on Reverse Side)

**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 *Ben Hoffman*.....

Licensed Embalmer No. 43

P. O. Address .....

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.