

No. 300
10. 48

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39671

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1316

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Joseph | | c. CITY OR TOWN Agency | 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) 4 days | | e. STREET ADDRESS (If rural, give location) Rt. # 1, Agency, Mo. 0110 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp. | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) JOHN | b. (Middle) BATE | c. (Last) BARTON | 4. DATE OF DEATH (Month) (Day) (Year) December 10, 1955 |
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|--------------------|-------------------------------|---|-------------------------------------|---|---|--|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH May 4, 1881 | 9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (City and State or Foreign Country) Adairesville, Georgia | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME William S. Barton | 13b. MOTHER'S MAIDEN NAME Caoline Raygen | 14. NAME OF HUSBAND OR WIFE Myrtle Barton (de) |
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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) No | 16. SOCIAL SECURITY NUMBER 495-26-2399 | 17. INFORMANT'S SIGNATURE OR NAME Dorothy Richeart, 3508 Penn St. City | ADDRESS |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH 1 week |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cerebral Hemorrhage with Left Hemiplegia | | |
| | 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. | | 331x | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 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 12/8, 1955, to 12/10, 1955, that I last saw the deceased alive on 12/9, 1955, and that death occurred at 8:00A m., from the causes and on the date stated above.

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| 23a. SIGNATURE Quentin Henry M.D. (Degree or title) | 23b. ADDRESS Tootle Building St. Joseph, Missouri | 23c. DATE SIGNED 12/12/55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 12-12-1955 | 24c. NAME OF CEMETERY OR CREMATORY Fraizer Cemetery | 24d. LOCATION (City, town, or county) (State) Fraizer, Missouri |
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| DATE REC'D BY LOCAL REG. Dec 15, 1955 | REGISTRAR'S SIGNATURE Lothar M. Allison | 25. FUNERAL DIRECTOR'S SIGNATURE Philip S. Sapp | ADDRESS St. Joseph, Mo. |
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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, ~~by~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Alvin E Bagan*.....

Licensed Embalmer No. *479*.....

P. O. Address *St Joseph*.....

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.