

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22541

State File No. \_\_\_\_\_

FILED JUL 2 1956

BIRTH NO. _____		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>6175</u>		Registrar's No. <u>57</u>	
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>Sullivan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harris - Rural</u>		c. LENGTH OF STAY (In this place) <u>1050</u>		c. CITY OR TOWN <u>Harris</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Liberty Twp</u>				e. STREET ADDRESS (If rural, give location) <u>Liberty Twp 1050</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u>		b. (Middle) _____		c. (Last) <u>Barton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-22-1956</u>	
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>9-18-1875</u>		9. AGE (In years last birthday) <u>80</u> If UNDER 1 YEAR: Months <u>9</u> Days <u>4</u> Hours <u>4</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sullivan Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Lewis Barton</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Barnett</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Parker (decd)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dwight Barton - Harris Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>cerebral arteriosclerosis</u> 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. _____				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>3 yr</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) <u>332x</u>		21d. HOW DID INJURY OCCUR? <u>332x</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>332x</u>			
22. I hereby certify that I attended the deceased from <u>1/15, 1953</u> to <u>6/22, 1956</u> , that I last saw the deceased alive on <u>6/21, 1956</u> , and that death occurred at <u>3:20</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. W. Beckett</u>		23b. ADDRESS <u>Harris Mo</u>		23c. DATE SIGNED <u>6/26/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>6-24-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Camp Ground Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Harris - Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-27-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schoenes</u>		ADDRESS <u>Indian Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL  
3 1950

### 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..... *Dwight Schoene*

Licensed Embalmer No. *2667*

P. O. Address *Milan, Ill.*

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.