

Health,
Welfare
Public
Service

300
1-56

00750
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 22 1956

34899

STATE FILE NUMBER

Registration District No. 255 Primary Registration District No. 4387 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Oregon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Alton</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Alton</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b <u>56 years</u>	d. STREET ADDRESS (If outside, give location) <u>0150</u>
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>May</u> Middle <u>Vera</u> Last <u>Barton</u>			4. DATE OF DEATH Month <u>October</u> Day <u>16</u> Year <u>1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 17, 1880</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (City and state or country) <u>Lynchberg, Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>U SA</u>	
13. FATHER'S NAME <u>George Baker</u>			14. MOTHER'S MAIDEN NAME <u>Mary Forester</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Mrs. Mart Barton, Alton, Missouri</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Failure</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Chronic Passive Congestion Lungs</u>	
	DUE TO (c) <u>Senile Body Changes</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u>5:22</u> Month <u>X</u> Day <u>X</u> Year <u>X</u> a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Alton Oregon Mo.</u>

21. I attended the deceased from 8-7-52 to 10-16-56 and last saw her alive on 10-16-56
Death occurred 9:00 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Type or print) <u>Dr. W. M. Carter</u> D.O.	22b. ADDRESS <u>Alton, Missouri</u>	22c. DATE SIGNED <u>10-17-56</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-17-1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cave Spring Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Oregon County, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Leland Carter Thayer, mo</u>	25. DATE RECD. BY LOCAL REG. <u>Oct 19-56</u>	26. REGISTRAR'S SIGNATURE <u>Mrs W C Johnson</u>	

(Licensed Embalmer's Statement on Reverse Side)

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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.....
Richard Carter

Licensed Embalmer No.....*4*

P. O. Address.....*Haym...*

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