

FILED DEC 24 1956

STANDARD CERTIFICATE OF DEATH

411110

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1149

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|--|---|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield,</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Springfield,</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Handley Hospital</u> | | Length of stay in 1b <u>30 years</u> | d. STREET ADDRESS (If outside, give location) <u>927 E. Brower</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Doyle</u> Middle <u>Sherman</u> Last <u>Barton</u> | | | 4. DATE OF DEATH Month <u>December</u> Day <u>18</u> Year <u>1956</u> | | |
| 5. SEX <u>Male</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>August 25, 1897</u> | 9. AGE (In years last birthday) <u>59</u> | IF UNDER 1 YEAR Months <u>3</u> Days <u>22</u> Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mechanic</u> | 11. BIRTHPLACE (City and state or country) <u>Webster County, Missouri USA</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13. FATHER'S NAME <u>Floyd T. Barton</u> | | | 14. MOTHER'S MAIDEN NAME <u>Miley Benny</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u> | | 16. SOCIAL SECURITY NO. <u></u> | 17. INFORMANT <u>Verlon Barton</u> Address <u>Long Beach, Calif.</u> | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u> | | | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Ch. Arthritis</u> | | | | | |
| DUE TO (c) <u></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 checked="" 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.) <u>725X</u> | | | | |
| 20c. TIME OF INJURY Hour <u></u> Month, Day, Year a. m. <u></u> p. m. <u></u> | | | | | |
| 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.) <u></u> | 20f. CITY, TOWN, OR LOCATION <u></u> | COUNTY <u></u> | STATE <u></u> | |
| 21. I attended the deceased from <u>Nov. 28, 1956</u> to <u>Dec. 18, 1956</u> and last saw <u>her</u> alive on <u>Dec. 18, 1956</u> . Death occurred at <u>12:45 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>Leman N. Brown M.D.</u> | | 22b. ADDRESS <u>311 1/2 College</u> | | 22c. DATE SIGNED <u>12/19/56</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Dec. 21, 1956</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u> | 23d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u> | | |
| 24. FUNERAL DIRECTOR <u>Dorman Schaeffer Funeral Home</u> <u>Springfield, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>12-19-56</u> | 26. REGISTRAR'S SIGNATURE <u>Edw. Williamson</u> | | |

MEDICAL CERTIFICATION

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

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

(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 *Lawrence J. Schaefer*.....

Licensed Embalmer No. *38*.....

P. O. Address *Springfield*.....

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.