

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1957

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 17

0812

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

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>)	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rolla</u>)	c. LENGTH OF STAY (in this place) <u>1 1/2 hrs.</u>	c. CITY OR TOWN <u>Raymondville</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>Phelps County Mem. Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>None</u>	

1070

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELBERT</u> b. (Middle) <u>DEWAYNE</u> c. (Last) <u>BARTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 27, 1957</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 11, 1936</u>	9. AGE (In years last birthday) <u>20</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Machine Shop</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Raymondville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Tom Barton</u>	13b. MOTHER'S MAIDEN NAME <u>Zelma Biswell</u>	14. NAME OF HUSBAND OR WIFE <u>Connie</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-38-2125</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Connie Bartoh</u> ADDRESS <u>Raymondville</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Head injury - Basal Skull fracture</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Automobile Accident.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>8234</u> <u>32</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>accident</u> SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>road</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Raymondville</u> (COUNTY) <u>MO.</u> (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1 26 57</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car left road.</u>
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22. I hereby certify that I attended the deceased from 1-26, 1957, to 1-27, 1957, that I last saw the deceased alive on 1-27, 1957, and that death occurred at 12:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm R. Jephth</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Rolla Mo</u>	23c. DATE SIGNED <u>1/28/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 29, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Friendship Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Texas County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Jan 30, 1957</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Billott Funeral Home</u> ADDRESS <u>Houston, Mo.</u>
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RECEIVED

Phelps County Health Officer,

County File Number 034

Date Filed FEH 6 1957

FEB
7 1957

MAR 8
1957

MAR 1
1957

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 Paul E. Ne...

Licensed Embalmer No. 449

P. O. Address Rolla

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.