

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11845

State File No.

FILED MAR 19 1957

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY VERNON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY BATES	
b. CITY (If outside corporate limits, write RURAL and give township) NEVADA		c. CITY OR TOWN AMORET	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) 10 DAYS		e. STREET ADDRESS (If rural, give location) 00700	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEVADA HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) ARTIE E. b. (Middle) _____ c. (Last) BARTON			4. DATE OF DEATH (Month) (Day) (Year) MAR 8 1957		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH MARCH 16 1892		9. AGE (In years last birthday) 64		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (City and State of Foreign Country) AMORET MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME JAKE HAWK		13b. MOTHER'S MAIDEN NAME Emma Kohl		14. NAME OF HUSBAND OR WIFE REES BARTON	
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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 NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Hospital Record by Earl A. Jornden ADDRESS Pleasanton, Mo.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Regulated peptic ulcer		INTERVAL BETWEEN ONSET AND DEATH 9 days	
		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. Multifocal sclerosis		unknown	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5411		20. AUTOPSY? 2 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Feb 27, 1957**, to **March 8, 1957**, that I last saw the deceased alive on **March 7 1957**, and that death occurred at **2 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James J. Prason MD		23b. ADDRESS Nevada Mo		23c. DATE SIGNED Mar 8 57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE March 10, 1957		24c. NAME OF CEMETERY OR CREMATORY Pleasanton	
				24d. LOCATION (City, town, or county) (State) Pleasanton Linn Kansas	

DATE REC'D BY LOCAL REG. 3-13-1957		REGISTRAR'S SIGNATURE Anna J. Ferry		25. FUNERAL DIRECTOR'S SIGNATURE Earl A. Jornden FH ADDRESS Pleasanton Kansas	
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451 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 20 1958

JAN 23 1958

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 *Earl A. Jordan*

Licensed Embalmer No. 3587

P. O. Address Pleasanton, CA

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.