

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12638
STATE FILE NUMBER

FILED MAY 1 - 1957

Registration District No. 99 Primary Registration District No. 4170 Registrar's No. 32

Health,
& Welfare
Public
Service

S. 300
V. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY DeKalb Co.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY DeKalb Co.				
b. CITY (If outside corporate limits, give TOWNSHIP only) Union Star		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Union Star		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) At Home			Length of stay in 1b all life	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Nellie Florence Barton				4. DATE OF DEATH April 11. 1957				
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9.19.1874	9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months 6 Days 23 Hours Min. 	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY same		11. BIRTHPLACE (City and state or country) Sheridan Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John Winemiller				14. MOTHER'S MAIDEN NAME Mary Payne				
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 Address Manford D. Barton, Union Star Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Insufficiency DUE TO (b) Arterio Sclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201						INTERVAL BETWEEN ONSET AND DEATH 8 months years		
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 Month, Day, Year 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 Union Star			COUNTY DeKalb	STATE Mo.
21. I attended the deceased from 3-15-57 April 11. 1957 and last saw her/him alive on 3-21-57 Death occurred at 8:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE W. D. Blacklock (Degree or title)				22b. ADDRESS King City Mo.		22c. DATE SIGNED 4.12.57		
23a. BURIAL, CREMATION, REBURY (Specify) Burial		23b. DATE 4.14.1957	23c. NAME OF CEMETERY OR CREMATORY Union Star		23d. LOCATION (City, town, or county) (State) Union Star Mo.			
24. FUNERAL DIRECTOR ADDRESS L. J. Vaggard, King City				25. DATE RECD. BY LOCAL REG. 4-25-57		26. REGISTRAR'S SIGNATURE Kasner, Davidson		

(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 *R. H. Taggart*.....

Licensed Embalmer No. 2563

P. O. Address King City, Mo.

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.