FILED APR 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14447
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3210

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS — Inside Limits Yes X No ☐	c. CITY OR TOWN LEMAY 4000 0 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 11 FIRMIN DESLOGE HOSP. — Length of stay in 1b 4 DAYS	d. STREET ADDRESS (If outside, give location) 27 9816 SO. BROADWAY — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print)	First: WILLIAM	Middle: E.	Last: BARTON	4. DATE OF DEATH: Month APRIL Day 1 Year 1957
5. SEX: MALE 0	6. COLOR OR RACE: WHITE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: AUGUST 9, 1884	9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED	10b. KIND OF BUSINESS OR INDUSTRY: OIL INDUSTRY	11. BIRTHPLACE (City and state or country): SMITH CENTER, KANSAS 1	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: ALSON BARTON		14. MOTHER'S MAIDEN NAME: LUCY M. GATES		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) NONE	16. SOCIAL SECURITY NO.: 442 07 3157	17. INFORMANT Address: GRACE BARTON 9816 SO. BROADWAY, LEMAY, MO.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Cerebral thrombosis

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral thrombosis
Myocardial infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial infarction
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: indefinite

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ 1

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): 2-1-57

20f. CITY, TOWN, OR LOCATION: 3-30-57 COUNTY STATE: 3-30-57

21. I attended the deceased from Feb 1, 1957, to March 30 and last saw ~~her~~ him alive on March 30, 1957
Death occurred at 5 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James Sullivan (James Sullivan M.D.) 0	22b. ADDRESS: 2314 Telegraph Rd. (2314 Telegraph Rd.)	22c. DATE SIGNED: 4-1-57 (4-1-57)
23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL	23b. DATE: APRIL 3, 1957	23c. NAME OF CEMETERY OR CREMATORY: PARK LAWN CEMETERY
23d. LOCATION (City, town, or county) (State): LEMAY, MISSOURI		
24. FUNERAL DIRECTOR ADDRESS: C. HOFFMEISTER MORTUARIES 7814 SO. BROADWAY ST. LOUIS, MO.	25. DATE RECD. BY LOCAL REG.: APR 3 '57	26. REGISTRAR'S SIGNATURE: J. Earl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare
S. Public
th Service
S. 300
v. 1-56 0

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Louis C. Hoffman

Licensed Embalmer No. 38

P. O. Address 7814 Ro

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