

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27785
STATE FILE NUMBER

FILED SEP 9 1957

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Excelsior Springs			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Excelsior Hospital			Length of stay in lb 10 days	d. STREET ADDRESS 2 blocks S. of city			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) Morton Barter				First Morton	Middle	Last Barter	4. DATE OF DEATH Month Aug Day 22 Year 1957				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 17, 1879		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	IF UNDER 24 HRS. Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mgr. Beady Chemical Co			10b. KIND OF BUSINESS OR INDUSTRY Chemical Co		11. BIRTHPLACE (City and state or country) Mt Vernon, Indiana			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Henry Clay Barter					14. MOTHER'S MAIDEN NAME Orrie Templeton						
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. 496-24-2528		17. INFORMANT Address Morton Barter Jr. Overland Park, Kansas						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gangrene of the Right foot & leg - Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Retrofractured Tibia Left DUE TO (c) Retrofractured Tibia Left									INTERVAL BETWEEN ONSET AND DEATH 5 days - years - 2 year		
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"/> 2		
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 7:00 p. m. Month, Day, Year											
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			COUNTY		STATE
21. I attended the deceased from 7/15/57 to 7/22/57 and last saw her/him alive on 7/22/57 . Death occurred at 7:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Regina B. Robinson M.D.					22b. ADDRESS Excelsior Springs, Mo			22c. DATE SIGNED 8-3-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-24-57		23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery			23d. LOCATION (City, town, or county) (State) Kansas City, Mo.				
24. FUNERAL HOME OR Richard Funeral Home, Inc. Excelsior Springs, Missouri					25. DATE RECD. BY LOCAL REG. 7-24-57		26. REGISTRAR'S SIGNATURE Carolyn Hutchings				

(Licensed Embalmer's Statement on Reverse Side)



OCT 17 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 *Indell J. ...*

Licensed Embalmer No. *4*
P. O. Address *Excelsior Springs*

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.