

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32576

STATE FILE NUMBER

FILED OCT 7 1957

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <b>LINN</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>LINN</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>BROOKFIELD</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>BROOKFIELD</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>McLARNY Hosp.</b>		Length of stay in lb <b>58 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>715 SNOW ST.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ORBY</b> Middle <b>C.</b> Last <b>BARTON</b>			4. DATE OF DEATH Month <b>OCT.</b> Day <b>3.</b> Year <b>1957</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>NOV. 7, 1873</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CONDUCTOR, RET.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RAILROAD</b>	11. BIRTHPLACE (City and state or country) <b>BUTLER, MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13. FATHER'S NAME <b>ALEXANDER BARTON</b>			14. MOTHER'S MAIDEN NAME <b>SYLVIA --</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>J.W. WELSH, JR. NOVELTY, MO</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Memia</b> DUE TO (b) <b>Generalized arteriosclerosis</b> 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) <b>Senility</b>					INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b> <b>5 yrs</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 _____		COUNTY _____	STATE _____
21. I attended the deceased from <b>9/1/56</b> to <b>10/3/57</b> and last saw her alive on _____ Death occurred at <b>2:23 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>R. W. Bohman M.D.</b>			22b. ADDRESS <b>Brookfield Mo.</b>		22c. DATE SIGNED <b>10/4/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>OCT. 5, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ROSE HILL</b>		23d. LOCATION (City, town, or county) (State) <b>BROOKFIELD, MO</b>	
24. FUNERAL DIRECTOR <b>WRIGHT FUNERAL HOME, BROOKFIELD, MO.</b>		ADDRESS _____	25. DATE RECD. BY LOCAL REG. <b>10-5-57</b>	26. REGISTRAR'S SIGNATURE <b>Katharine Johnson</b>	

Health, Welfare, Public Service  
0300  
1-56  
Director, 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

1957  
OCT 18 1957, NOV 8 1957  
OCT 23 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Harold B. Wright*

Licensed Embalmer No. *37*

P. O. Address *Brookfield*

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.