

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022775
STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 292

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Sedalia		c. CITY OR TOWN Sedalia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community N. Home		Length of stay in lb 086 STREET ADDRESS 1601 South Missouri	
3. NAME OF DECEASED (Type or print) CHARLES H. BARTON		4. DATE OF DEATH Month July Day 9 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐	8. DATE OF BIRTH April 24, 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Monument Worker		10b. KIND OF BUSINESS OR INDUSTRY Monument making	11. BIRTHPLACE (City and state or country) Dallas County, Missouri
13a. FATHER'S NAME Peter Barton		13b. MOTHER'S MAIDEN NAME Elizabeth Wells	14. NAME OF HUSBAND OR WIFE Frances
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. Not Given	17. INFORMANT Address Mrs. Frances Barton, 1601 S. Mo, Sedalia, 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) Chronic myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arterio sclerosis & hypertension DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443X			INTERVAL BETWEEN ONSET AND DEATH 3
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 443X	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) June 25th July 9 1958	
21. I attended the deceased from Death occurred at July 9 1958 to July 8th and last saw him alive on July 8th on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE W. Boyer M.D. (Degree or title)		22b. ADDRESS Sedalia Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 11, 1958	
23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		23d. LOCATION (City, town, or county) Sedalia, Missouri	
24. FUNERAL DIRECTOR W. Heckart Sedalia Mo		25. DATE RECD. BY LOCAL REG. July 10-58	
		26. REGISTRAR'S SIGNATURE Frances Shelby	

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GILLESPIE FUNERAL HOME

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 20 1967

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 Russell C. Maag

Licensed Embalmer No. 4884

P. O. Address Seabrook, N.H.

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.