

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036256
STATE FILE NUMBER
4690

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1958

FILED OCT 23 1958

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Research Hospital 52 Yrs		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 4943 Chestnut Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Ruel Middle Claude Last Barton			4. DATE OF DEATH Month Oct Day 4 Year 1958
5. SEX Male	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 Oct 27 1887
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Patrolman		10b. KIND OF BUSINESS OR INDUSTRY Police Dept.	11. BIRTHPLACE (City and state or country) Shelby Co. Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Parker Barton	
13b. MOTHER'S MAIDEN NAME Addie Smith		14. NAME OF HUSBAND OR WIFE Frances Barton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. 487 03 6489	17. INFORMANT Address Frances Barton 4943 Chestnut
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stroke & Hemorrhage resulting from crushing injuries of chest & massive retroperitoneal hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 69 1/2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) from crushing injuries of chest DUE TO (c) Massive retroperitoneal hemorrhage			19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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) Tractor turned over on him	
20c. TIME OF INJURY Hour 11:30 a.m. 10/4/58		was plowing ground	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public place, etc.) Home property	20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE Mo
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ruel C. Kealhofer (Degree or title) 3		22b. ADDRESS 6627 Prohibit & Ave	
22c. DATE SIGNED 10/4/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Oct 6 1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Home Cem.	23d. LOCATION (City, town, or county) (State) Kansas City, Kansas
24. FUNERAL DIRECTOR Gates Funeral Home Kan City Kan		25. DATE RECD. BY LOCAL REG. 10-6-58	26. REGISTRAR'S SIGNATURE Neve Minshall

All diseases in Part I must be causally related.

MEICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Geo. C. Kealhofer



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 *Paul R. Williamson*

Licensed Embalmer No. *5009*

P. O. Address *Overland Park*

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.