

Health,  
Welfare  
Public  
Service

XC 20432709  
SL 14964

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045398  
STATE FILE NUMBER  
11808

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11808

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 915 N GRAND ST LOUIS MO		c. CITY OR TOWN LEMAY <i>4-0-0</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR VETS ADMIN HOSPITAL		d. STREET ADDRESS 9816 BROADWAY	
Length of stay in lb 27 DAYS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last THOMAS J. BARTON			4. DATE OF DEATH Month Day Year DEC 6 1958			
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/26/09	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ELDON, IOWA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME WILLIAM E BARTON		13b. MOTHER'S MAIDEN NAME GRACE MAE PENN		14. NAME OF HUSBAND OR WIFE NONE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, Yes unknown) (If yes, give year or dates of service) YES <i>WW II</i>		16. SOCIAL SECURITY NO. 492097159	17. INFORMANT Address VA HOSP RECORDS 915 N GRAND ST LOUIS 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) IDIOPATHIC PULMONARY FIBROSIS DIFFUSE & MARKED PULMONARY INSUFFICIENCY		INTERVAL BETWEEN ONSET AND DEATH 5 YRS 3 YRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <i>525X</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CARDIAC HYPERTROPHY DUE TO ASHD		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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 Month, Day, Year a.m. p.m.		
20d. INJURY OCCURRED WHILE AT <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>VA</i> attended the deceased from <i>11/8/58</i> to <i>12/6/58</i> and last saw <i>him</i> alive on <i>12/6/58</i> Death occurred at <i>8:27 AM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>V. A. A. COTIGA</i> (Degree or title) M.D.	22b. ADDRESS VAH, ST. LOUIS, MISSOURI	22c. DATE SIGNED 12/6/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec. 9, 1958	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson Bks. Mo.
24. FUNERAL DIRECTOR G. Hoffmeister Mortuaries 7814 S. Broadway		25. DATE RECD. BY LOCAL REG. DEC 8 '58	26. REGISTRAR'S SIGNATURE <i>Carl Smith mo</i> <i>mdb.</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300

1-57

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 *Eric Hanson*

Licensed:Embalmer No. *4764*

P. O. Address *St Louis*

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.