Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005362

STATE FILE NUMBER

FILED MAR 6 1959 Registration District No. 145 Primary Registration District No. 5566 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY: Iron	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY:
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kaolin — Inside Limits: Yes ☐ No #☐	c. CITY OR TOWN: St.Louis 2229 0 — Inside Limits: Yes #☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Rd. # 32 9 miles west of Belleview — Length of stay in 1b	d. STREET ADDRESS (If outside, give location): 2108 Rutger — Reside on Farm: Yes ☐ No #☐

3. NAME OF DECEASED (Type or print): First JERRY Middle ELIJAH Last BARTON	4. DATE OF DEATH: Month March Day 1 Year 1959
5. SEX: male 0 — 6. COLOR OR RACE: white — 7. MARRIED #☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Oct 24 1937 — 9. AGE (In years last birthday): 21 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): auto worker — 10b. KIND OF BUSINESS OR INDUSTRY: Fisher Body	11. BIRTHPLACE (City and state or country): Boss Missouri 0 — 12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Milton Barton — 13b. MOTHER'S MAIDEN NAME: Beaulah Estes	14. NAME OF HUSBAND OR WIFE: Norma Bell Barton
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 490-38-5651 — 17. INFORMANT: Milton Barton, Address: Boss Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Fractured Skull

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Internal Injuries

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH

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 ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Automobile turned over. Driving to fast.

20c. TIME OF INJURY 4 Hour a.m. p.m. Month, Day, Year March 1-59

0 47

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway #32

20f. CITY, TOWN, OR LOCATION: Kaolin Rural — COUNTY: Iron — STATE: Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 4.00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. A. Harrell, Coroner 3	22b. ADDRESS: Ironton, Mo.	22c. DATE SIGNED: 3/1/59
23a. BURIAL, CREMATION, REMOVAL (Specify): burial — 23b. DATE: 3-3-59	23c. NAME OF CEMETERY OR CREMATORY: Barton Cemetery	23d. LOCATION (City, town, or county) (State): Oates, Missouri
24. FUNERAL DIRECTOR ADDRESS: Aurel F. White, White Funeral Home, Ironton Mo.	25. DATE RECD. BY LOCAL REG.: March 5. 1959	26. REGISTRAR'S SIGNATURE: Mrs Elizabeth Logan

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAR 17 1959
APR 22 1959
MAR 20 1959
APR 3

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 J. White .....

Licensed Embalmer No. 3912 .....

P. O. Address Groton Kas ....

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.