

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013160

STATE FILE NUMBER

2012

DECEASED MAY 13 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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 type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4822 Charlotte			Length of stay in lb 9 Yrs.		d. STREET ADDRESS (If outside, give location) 4822 Charlotte			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Arthur Middle S. Last Barton				4. DATE OF DEATH Month April Day 21 Year 1959					
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 August 3, 1903		9. AGE (In years last birthday) 55 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor			10b. KIND OF BUSINESS OR INDUSTRY Lumber Yard			11. BIRTHPLACE (City and state or country) Eureka Springs Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Barton				14. MOTHER'S MAIDEN NAME Teletha Warren					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yrs. give war or dates of service) No			16. SOCIAL SECURITY NO. 609-09-2251		17. INFORMANT Address Vastee Barton 4822 Charlotte				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inanition^d Debilitation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinomatosis DUE TO (c) Cancer of Pancreas								INTERVAL BETWEEN ONSET AND DEATH 3 days 2 weeks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 157X								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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 Dec. 1, 1958 to April 21, 1959 and last saw her alive on 4/21/59 Death occurred at 11:55 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>J. L. Rowland</i> (Degree or title)					22b. ADDRESS 8129 Wornall Rd			22c. DATE SIGNED 4/22/1959	
23a. BY BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4/22/1959		23c. NAME OF CEMETERY OR CREMATORY -			23d. LOCATION (City, town, or county) (State) Baxter Springs Kansas		
24. FUNERAL DIRECTOR <i>Wendell Howard Howe</i> Baxter Springs Kansas (Licensed Embalmer)					25. DATE RECD. BY LOCAL REG. 4-22-59		26. REGISTRAR'S SIGNATURE <i>Oliver Minshall</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

J. L. Rowland

phh, welfare, public service, 100 -56, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

Statement on Reverse Side

MAY 13 1954

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 *J. Royer Hoge*.....

Licensed Embalmer No. *351*.....

P. O. Address *Weldon*.....

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.