

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021953

STATE FILE NUMBER 35

FILED JUN 23 1959

Registration District No. 159 Primary Registration District No. 5590 Registrar's No. 35

S. 300  
1-57  
CO - 0

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b> )	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rt. 1, Dittmer</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Dittmer</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		Length of stay in lb <b>6 years</b>	d. STREET ADDRESS <b>Rt. 1</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) <b>William Wilson Barron</b>			4. DATE OF DEATH <b>June 4, 1959</b>		
First Middle Last			Month Day Year		

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 21, 1888</b>	9. AGE (In years last birthday) <b>70</b>	FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad employee</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	11. BIRTHPLACE (City and state or country) <b>Paragould, Ark.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Porter F. Barron</b>	13b. MOTHER'S MAIDEN NAME <b>Laura Stuart</b>	14. NAME OF HUSBAND OR WIFE <b>Bessie Stewart Barron</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Robert Barron</b>	Address <b>Dittmer, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>STROKE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>25 DAYS</b>
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.	DUE TO (b) <b>Essential Hypertension</b>	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Parkinson's Disease</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <b>9-17-57</b> , to <b>May 1959</b> and last saw <sup>him</sup> alive on <b>11-5-58</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>a. J. Steiner MD</b> (Degree or title)	22b. ADDRESS <b>3720 Washington</b>	22c. DATE SIGNED <b>6-8-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>June 6, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>1215 Lemay Ferry Rd. St. Louis County, Mo.</b>
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24. FUNERAL DIRECTOR <b>Casey-Lenox</b>	ADDRESS <b>St. Clair, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>6-19-59</b>	26. REGISTRAR'S SIGNATURE <b>Olta Bierling, Jr</b>
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All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION. No symptoms will be listed.

JUN 22 1959

DATE RECEIVED  
JUN 22 1959

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 K.M. LENOX, JR., Student Embalmer No. 525 working under my personal supervision.

Student K.M. Lenox, Jr.  
Signature of Student Embalmer

Signed K.M. Lenox

Licensed Embalmer No. 3601  
P. O. Address St. Clair, Mo

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.