

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035009

FILED VS OCT 5 1959

STATE FILE NUMBER

Registration District No. 371 Primary Registration District No. 6261 Registrar's No. 14

ENDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY WEBSTER	b. CITY (If outside corporate limits, give TOWNSHIP only) WEST BENTON TWP.	a. STATE MISSOURI	b. COUNTY WEBSTER
Length of stay in 1b 12 YRS		c. CITY OR TOWN FORDLAND	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FORDLAND, RT 2		d. STREET ADDRESS (If outside, give location) ROUTE 2	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First RICHARD	Middle LONZO	Last BARTON	Month SEPT	Day 26	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 1-23-1876	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY WEBSTER CO MO	11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME SAMUEL BARTON		13b. MOTHER'S MAIDEN NAME FRANCES ANN CRIGER		14. NAME OF HUSBAND OR WIFE ALICE BARTON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs Alice Barton Fordland mo RT 2	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute myocardial Failure.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Cardio-vascular renal disease.	
DUE TO (b)	Arteriosclerosis & prostatic.	
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

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 a.m. p.m. Month, Day, Year	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 Sept. 1, 1959 to Sept 26, 1959 and last saw him alive on September 25, 1959
Death occurred at 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. R. Schultz, M.D.	(Degree or title)	22b. ADDRESS Fordland, Mo.	22c. DATE SIGNED 9/28/59
--	-------------------	--------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE SEPT-29-1959	23c. NAME OF CEMETERY OR CREMATORY WEST FINLEY CEMETERY	23d. LOCATION (City, town, or county) FORDLAND RT 2 MO
--	----------------------------------	---	--

24. FUNERAL DIRECTOR Kelley-Ferrell	ADDRESS FORDLAND, MISSOURI	25. DATE RECD. BY LOCAL REG. Sept. 28 1959	26. REGISTRAR'S SIGNATURE Opal M. Good
---	--------------------------------------	--	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

RICHARD LONDO BARTON
 WHITE
 MALE
 BIRTH DATE: 1-23-1918
 BIRTH PLACE: BOSTON, MASS.
 DECEASED: 1-23-1918
 DECEASED PLACE: BOSTON, MASS.
 DECEASED TIME: 11:00 AM
 DECEASED CAUSE: HEART DISEASE
 DECEASED OCCASION: 1-23-1918
 DECEASED OCCASION PLACE: BOSTON, MASS.
 DECEASED OCCASION TIME: 11:00 AM
 DECEASED OCCASION CAUSE: HEART DISEASE

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 Don E. Jewell

Licensed Embalmer No. 7847

P. O. Address Mansfield, 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.

01A

BOSTON, MASS. 1-23-1918