

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013925

FILED VS APR 5 1960

360

Primary Registration District No. 3076

Registrar's No. 68

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada</b>		Length of stay in 1b		c. CITY OR TOWN <b>Nevada</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>#830 West Hunter St. Manlove Nursing Home</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>R#1</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Julia</b> Middle <b>Ann</b> Last <b>Barton</b>				4. DATE OF DEATH Month <b>March</b> Day <b>24</b> Year <b>1960</b>					
5. SEX <b>F</b>	6. COLOR OR RACE <b>Wh</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-18-1863</b>	9. AGE (last birthday) <b>96</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours	IF UNDER 24 HR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (City and state or country) <b>Kantland, Indiana</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>David Martin</b>			13b. MOTHER'S MAIDEN NAME <b>Martha Ann Pierce</b>			14. NAME OF HUSBAND OR WIFE <b>Edward Barton, Deceased</b>			
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 Address <b>Mrs. Clyde Parrish, R#1, Nevada, Missouri</b>				
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>Arteriosclerotic heart disease</b>							INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <b>generalized arteriosclerosis</b>							<b>5 years</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)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <b>March 15, 1960</b> to <b>March 24, 1960</b> and last saw her <b>alive</b> on <b>March 19, 1960</b> Death occurred at <b>1:30</b> <b>a</b> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Royal W. Pease, M.D.</b>				22b. ADDRESS <b>Nevada, Mo</b>				22c. DATE SIGNED <b>5/26/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>March 26, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Deerfield Cemetery</b>		23d. LOCATION (City, town, or county) <b>Deerfield</b>		23e. STATE <b>Missouri</b>			
24. FUNERAL DIRECTOR <b>Ferry Funeral Home</b>			ADDRESS <b>Nevada, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>3-29-1960</b>		26. REGISTRAR'S SIGNATURE <b>Anna E. Perry</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed L. Angles Ferry

Licensed Embalmer No. 4960

P. O. Address Nevada, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.