

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED VS JUL 5 1960

-60-023958

Registration District No. 254 8867 Primary Registration District No. 254 5867 Registrar's No. 27

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY OREGON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY OREGON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN THAYER		Length of stay in 1b 46 year		c. CITY OR TOWN THAYER		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LESTER Middle ERVIN Last BARTON				4. DATE OF DEATH Month JUNE Day 24 Year 1960					
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-22-1908		9. AGE (last birthday) 51	
						IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Station Attendant			10b. KIND OF BUSINESS OR INDUSTRY Service Station			11. BIRTHPLACE (City and state or country) CHANDLER, OKLAHOMA		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JAMES ERVIN BARTON				13b. MOTHER'S MAIDEN NAME EMMA MAKEY			14. NAME OF HUSBAND OR WIFE NONE		
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. 499-01-7345		17. INFORMANT EARL BARTON		Address THAYER, MISSOURI		
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) Head and Chest injuries:									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) automobile accident							
		DUE TO (c) auto overturned on highway 63 one mile north of Thayer, Missouri							
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 checked="" 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 _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Lee Doc Makey, Coroner</i>				22b. ADDRESS <i>Thayer Mo</i>				22c. DATE SIGNED <i>6-20-60</i>	
23a. BURIAL, CREMATION, REINTERMENT (Specify) BURIAL		23b. DATE 6-26-1960		23c. NAME OF CEMETERY OR CREMATORY THAYER CEMETERY			23d. LOCATION (City, town, or county) (State) THAYER, MISSOURI		
24. FUNERAL DIRECTOR <i>Arthur W. Wolf</i>				ADDRESS		25. DATE RECD. BY LOCAL REG. 6-27-60		26. REGISTRAR'S SIGNATURE <i>Arthur Wolf</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 8 1960

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 *Richard Carter*
Licensed Embalmer No. 4516
P. O. Address *West Plains*

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