

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031219

ED VS SEP 6 1960

ENDED

Registration No.

179

Primary Registration District No.

5667

Registrar's No.

114

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Lincoln			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford township		Length of stay in 1b 14 hours		c. CITY OR TOWN Troy		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln County Hospital			Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location) Rural Route		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First Ronnie Middle Dean Last Barton				4. DATE OF DEATH Month Aug. Day 29, Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐		8. DATE OF BIRTH 8-29-60	9. AGE (last birthday) ---	IF UNDER 1 YEAR Months --- Days ---	IF UNDER 24 HR Hours 14 Min. ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Lincoln County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Bobby Barton		13b. MOTHER'S MAIDEN NAME Alice Jamison			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. none		17. INFORMANT Address Bobby Barton, P.O. Box 233, Warrenton, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity						INTERVAL BETWEEN ONSET AND DEATH 17 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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 ☐ NOT WHILE 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
21. I attended the deceased from 8-29-60 to 8-29-60 and last saw him alive on 8-29-60 Death occurred at 2:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Alvord M. MacRae D.O.				22b. ADDRESS Warrenton, Mo.		22c. DATE SIGNED 8-30-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-31-60		23c. NAME OF CEMETERY OR CREMATORY Barton Cemetery		23d. LOCATION (City, town, or county) Buick, Missouri	
24. FUNERAL DIRECTOR F.W. Nieburg & Co., Warrenton, Mo.				25. DATE RECD. BY LOCAL REG. 8-30-1960		26. REGISTRAR'S SIGNATURE Charlotte Leek	

(Licensed Embalmer's Statement on Reverse Side)

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 ^{NOT} embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John Thieburg

Licensed Embalmer No.

3897

P. O. Address

Warrenton

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.