

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

3. NAME OF DECEASED (Type or print) First: Maude Middle: E Last: Barton			4. DATE OF DEATH Month: Nov. Day: 12 Year: 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/1/86	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months: Days: IF UNDER 24 HR Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmistress	10b. KIND OF BUSINESS OR INDUSTRY Post Office Dept.	11. BIRTHPLACE (City and state or country) Ruble, Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME W. W. Meader	13b. MOTHER'S MAIDEN NAME Hixie Kirkland	14. NAME OF HUSBAND OR WIFE Albert L. Barton	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	16. SOCIAL SECURITY NO. 499 28 1049 A	17. INFORMANT Masonic Home of Mo. Address: St. Robert, Mo.
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cerebral Hemorrhage		1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertensive arteriosclerotic heart disease	Unknown
	DUE TO (c) 443x	

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
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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.) None
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20c. TIME OF INJURY Hour: None a.m. p.m.	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.) None	20f. CITY, TOWN, OR LOCATION None	COUNTY	STATE
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21. I attended the deceased from **9/23/58** **to** **11/12/60** **and last saw her/him alive on** **11/12/60**
Death occurred at **2:30 PM** **on the date stated above, and to the best of my knowledge, from the causes stated.**

22a. SIGNATURE Harold E. Walters M.D. (Degree or title)	22b. ADDRESS 3720 Washington St. Louis Mo.	22c. DATE SIGNED 11-13-60 (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-12-60	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) Desloge, Mo.
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24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd.	25. DATE RECD. BY LOCAL REG. NOV 14 1960	26. REGISTRAR'S SIGNATURE Loard Smith, M.D.
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DOCUMENT
MEDICAL CERTIFICATION
Funeral Director

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Harry E. Man

Licensed Embalmer No. 44

P. O. Address As Lou

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