RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ILED VS JAN 3 1961

-60-048524
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 257

1. PLACE OF DEATH
a. COUNTY VERNON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON TOWNSHIP — Length of stay in 1b: 7 DATS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STATE HOSP. #3, NEVADA, MO — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY JASPER
c. CITY OR TOWN CARTHAGE — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) PAID ACRES NURSING HOME — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First CAROLINE Middle / Last BARTON
4. DATE OF DEATH Month DEC. Day 24. Year 1960
5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ UNKNOWN
8. DATE OF BIRTH UNKNOWN
9. AGE (last birthday) 84 (?) — 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) UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) UNKNOWN
12. CITIZEN OF WHAT COUNTRY UNKNOWN
13a. FATHER'S NAME UNKNOWN
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT HOSP. RECORDS ST. HOSP. #3 Address NEVADA MISSOURI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: FEW MINUTES
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) GENERALISED ART- SCLEROSIS — YEARS
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 DEC. 14. 1960, to DEC. 24. 1960 and last saw her/him alive on 12-24-1960
Death occurred at 2:25 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W C Bradley MD (Degree or title)
22b. ADDRESS State Hospital #3, Nevada, Mo.
22c. DATE SIGNED 12-24-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE 12-24-60
23c. NAME OF CEMETERY OR CREMATORY Local
23d. LOCATION (City, town, or county) (State) Joplin, Mo.
24. FUNERAL DIRECTOR Parker Mortuary, Joplin, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. Dec 30-1960
26. REGISTRAR'S SIGNATURE Anna E Ferrin

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Lloyd C. McCord

Signature of Student Embalmer

Licensed Embalmer No. 485-

P. O. Address Neosho, M

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