SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 128 Primary Registration District No. 2003 Registrar's No. 665 -61-024733 STATE FILE NUMBER

FILED JUL 17 1961

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Length of stay in 1b: 1 da.
c. FULL NAME OF HOSPITAL OR INSTITUTION Burge-Protestant Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Rogersville — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rt. # 2 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First WILLIAM Middle ALBERT Last BARTON
4. DATE OF DEATH: Month July Day 11 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3 Aug 1897
9. AGE (last birthday): 63 — 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): Welder
10b. KIND OF BUSINESS OR INDUSTRY: Steel
11. BIRTHPLACE (City and state or country): Taney Co., Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Frank Barton
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Gussie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I 3 Sep 18 3 Dec 18
16. SOCIAL SECURITY NO.:
17. INFORMANT: Gussie Barton, Rogersville, Mo. — Address

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) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovasc. Dis. — 7 yrs
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 July 11, '61 to July 11-61 and last saw ~~him~~ alive on July 11, 1961.
Death occurred at 9:25 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Arthur D. Knabb, M.D.
22b. ADDRESS 1630 N. Jefferson
22c. DATE SIGNED 7-12-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-16-61
23c. NAME OF CEMETERY OR CREMATORY EastLawn Cemetery
23d. LOCATION (City, town, or county) (State) Springfield, Mo.

24. FUNERAL DIRECTOR Wm. K. Terrell — ADDRESS Rogersville, Mo.
25. DATE RECD. BY LOCAL REG. 7-12-61
26. REGISTRAR'S SIGNATURE Effie S. Mellon

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | DOCUMENT | SHOULD READ | BY AFFIDAVIT OF | ITEM NO.

JUL 21 1961

STATEMENT BY LICENSED EMBALMER

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

Student_____
Signature of Student Embalmer

Signed Wm K. Ferrell

Licensed Embalmer No. 4910

P. O. Address Rogersville, Mo

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.