MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-026350
STATE FILE NUMBER

AMENDED

Registration District No. 394 Primary Registration District No. 6025 Registrar's No. 104

FILED AUG 7 1961

1. PLACE OF DEATH
a. COUNTY Reynolds County

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Reynolds

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Black River TWP. — Length of stay in 1b: 73 yr

c. CITY OR TOWN Oats, Missouri — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Black River Twp. Oats, Mo. — Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) Oats, Missouri — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Lillie Middle: E. Last: Barton

4. DATE OF DEATH Month: July Day: 26 Year: 1961

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Jan. 26, 1888

9. AGE (last birthday): 73

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): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Housekeeping

11. BIRTHPLACE (City and state or country): Reynolds County

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Isiah Radford

13b. MOTHER'S MAIDEN NAME: Margaret Stennit

14. NAME OF HUSBAND OR WIFE: Henry S. Barton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X

16. SOCIAL SECURITY NO.: X

17. INFORMANT: Address: Mr. Henry S. Barton, Oats, Mo.

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) Gastro-intestinal hemorrhage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of colon

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

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 9/28/56 to 7/23/61 and last saw her/him alive on 6/19/61

Death occurred at 4:45 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Glenn Newman, D. O.

22b. ADDRESS Centerville Mo

22c. DATE SIGNED 7/29/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: July 28, 1961

23c. NAME OF CEMETERY OR CREMATORY: Boss Cemetery

23d. LOCATION (City, town, or county) (State): Boss, Missouri

24. FUNERAL DIRECTOR: SPENCER FUNERAL HOME, ADDRESS: Salem, Mo.

25. DATE RECD. BY LOCAL REG.: 8-1-1961

26. REGISTRAR'S SIGNATURE: Inez May Deputy

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

AUG 17 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_____

Licensed Embalmer No. 2320

P. O. Address_____

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.