

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016312

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 277

Primary Registration District No. 4411

Registrar's No. 24

FILED APR 24 1962

1. PLACE OF DEATH

a. COUNTY Pike

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Bowling Green

Length of stay in lb
25 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 719 Centennial St.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Pike

c. CITY OR TOWN Bowling Green

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
719 Centennial St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last
Thomas Walter Barton

4. DATE OF DEATH
Month Day Year
April 19 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-2-83

9. AGE (last birthday)

78

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.
4 17

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Vienna Virginia

12. CITIZEN OF WHAT COUNTRY

US

13a. FATHER'S NAME

John W. Barton

13b. MOTHER'S MAIDEN NAME

Martha Ann Beavers

14. NAME OF HUSBAND OR WIFE

Anna Barton

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

no none

16. SOCIAL SECURITY NO.

486-12-5493

17. INFORMANT

Anna Barton Bowling Green, 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)

Circulatory failure

INTERVAL BETWEEN ONSET AND DEATH

MINUTES

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Congestive heart failure

YEARS

DUE TO (c)

Senility

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 12-15-61 to 4-19-62 and last saw him alive on 4-13-62
Death occurred at 9:30 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Robert A. Brooks M.D.

22b. ADDRESS

Bowling Green

22c. DATE SIGNED

4-21-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-21-62

23c. NAME OF CEMETERY OR CREMATORY

Concord Cemetery

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

Bowling Green, Mo.

24. FUNERAL DIRECTOR

J. O. Mudd Bowling Green, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

April 21, 1962

26. REGISTRAR'S SIGNATURE

Maisee E. Williams

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

James C. Mudd

Licensed Embalmer No. 4152

P. O. Address

Bowling Green, 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.