

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027799

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. _____ Registrar's No. 129

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 8 1962

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Round Grove</u>		Length of stay in 1b <u>60 yrs</u>	c. CITY OR TOWN <u>Anabel R.F.D.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R.F.D.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Ira</u> Middle <u>William</u> Last <u>Barton</u>			4. DATE OF DEATH Month <u>July</u> Day <u>29</u> Year <u>1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 24, 1873</u>	9. AGE (last birthday) <u>88 7/8</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Shelby County</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Elias Taylor Barton</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Roe</u>		14. NAME OF HUSBAND OR WIFE <u>Permelia Barton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT Address <u>Permelia Barton Anabel, Mo.</u>	

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) <u>Cerebral Thrombosis</u>			<u>2 Days</u>
DUE TO (b) <u>General Arteriosclerosis</u>			<u>2 years</u>
DUE TO (c) <u>Chronic Pulmonary Congestion</u>			<u>1 month</u>
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 type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			

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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <u>July 19, 1962</u> to <u>July 29, 1962</u> and last saw ^{her} him alive on <u>July 28, 1962</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>Clarence Do</u> (Degree or title)	22b. ADDRESS <u>Clarence, Mo</u>	22c. DATE SIGNED <u>7-29-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 31, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Graves Chapel Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Macon County Mo.</u>
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24. FUNERAL DIRECTOR <u>Greening Funeral Home</u> ADDRESS <u>Clarence Mo</u>	25. DATE RECD. BY LOCAL REG. <u>8-1-62</u>	26. REGISTRAR'S SIGNATURE <u>Cluth McNeely</u>
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(Licensed Embalmer's Statement on Reverse Side)

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DATE AMENDED
8-17-62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ

ITEM NO.
9

BY AFFIDAVIT OF
Funeral Director

USE BLACK INK OR TYPEWRITER RIBBON

