

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034970

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 226

FILED SEP 27 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		c. CITY OR TOWN Centralia	Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County		d. STREET ADDRESS Park Manor Apts	(If outside, give location) Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) William Cecil Barton		4. DATE OF DEATH Month Sept Day 13 Year 1963	
5. SEX Male Caucasian	6. COLOR OR RACE Male Caucasian	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 12-27-05 57
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Palmyra, Mo.
13a. FATHER'S NAME John Barton		13b. MOTHER'S MAIDEN NAME Mary Cox	14. NAME OF HUSBAND OR WIFE Gertrude Barton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII		16. SOCIAL SECURITY NO. 491-14-2647	17. INFORMANT Mrs. Gertrude Barton
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute anterior septal myocardial infarction DUE TO (b) Coronary sclerosis DUE TO (c) Generalized arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral thrombosis-- 1952			INTERVAL BETWEEN ONSET AND DEATH 5 days Unknown Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	
20c. TIME OF INJURY Hour ☐ a.m. ☐ p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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 June 23, 1953 to Sept. 12, 1963 and last saw him alive on Sept. 12, 1963 . Death occurred at 4:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) L. Lachance M. D.		22b. ADDRESS 110 W. Sneed, Centralia, Mo.	22c. DATE SIGNED 9/13/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 15, 1963	23c. NAME OF CEMETERY OR CREMATORY Palmyra	23d. LOCATION (City, town, or county) Palmyra, Mo.
24. FUNERAL DIRECTOR Bill E. Merdon Centralia, Missouri		25. DATE RECD. BY LOCAL REG. 9-13-1963	26. REGISTRAR'S SIGNATURE Earl E. Precht, deputy

(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 by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Bill De Mader

Licensed Embalmer No.

4826

P. O. Address

Antalis, Missouri

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.