

FILED JAN 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1678

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 5639 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington Twns. 50		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington Twns. 0545	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 5 Mi SE of Odessa	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Lillie b. (Middle) B. c. (Last) Barton			4. DATE OF DEATH (Month) (Day) (Year) Jan. 16 1951			
5. SEX Fe	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH Feb. 8, 1866	9. AGE (In years) (Month) (Day) (Year) 84	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Robt. Buchannon	13b. MOTHER'S MAIDEN NAME Elizabeth Sanders	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. L. S. Majors, Odessa, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure		INTERVAL BETWEEN ONSET AND DEATH 45 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility, arteriosclerosis		
	DUE TO (c) Malnutrition & anemia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION no operat	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 1945, to 1/16, 1951, that I last saw the deceased alive on 1-10, 1951, and that death occurred at 9 P. m., from the causes and on the date stated above.

23a. SIGNATURE W. Martin	(Degree or title)	23b. ADDRESS Odessa Mo	23c. DATE SIGNED 1-18-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 19, 1951	24c. NAME OF CEMETERY OR CREMATORY Odessa Cemetery	24d. LOCATION (City, town, or county) (State) Odessa, Mo.
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DATE REC'D BY LOCAL REG. 1-18-51	REGISTRAR'S SIGNATURE Emma Davidson	153 deputy	25. FUNERAL DIRECTOR'S SIGNATURE Husman-Sparks	ADDRESS Odessa, Mo.
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(Licensed) Embalmer's Statement on Reverse Side

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

1-22-57

AUG 29 1957

DISTRICT HEALTH OFFICE No. 8

District File Number

Date Filed 1-22-57

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *William T. Sparks*

Signed.....
Student Embalmer

Licensed Embalmer No. *4431*

P. O. Address *Odessa, 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 this body is not embalmed, fact should be so stated above.