

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Turner

State File No. 8910

FILED APR 9 1951

BIRTH MO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 308

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alton	
c. LENGTH OF STAY (In this place) 4 Days		d. STREET ADDRESS (If rural, give location) 1750. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Griffie b. (Middle) _____ c. (Last) Barton			4. DATE OF DEATH (Month) (Day) (Year) April 5, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 11 1873	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 10 Hrs. _____ Mts. _____
10a. USUAL OCCUPATION (Give kind of work done during most of adult life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) - Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Sam Barton		13b. MOTHER'S MAIDEN NAME Sarah Custer		14. NAME OF HUSBAND OR WIFE Minnie Barton	
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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) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Minnie Barton ADDRESS Alton, Mo.	
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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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis Heart disease		ANTECEDENT CAUSES disease				undet.	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____					
II. OTHER SIGNIFICANT CONDITIONS Renal lithiasis and chronic pyelonephritis		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 42.00			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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)			21e. INJURY OCCURRED WHILE AT WORK <input 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 **4/1/51**, 19____, to **4/5/51**, 19____, that I last saw the deceased alive on **4/5/51**, 19____, and that death occurred at **7:45am.**, from the causes and on the date stated above.

23a. SIGNATURE Gleimo T. Turner, M.D. (Degree or title)		23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 4/5/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/7/51		24c. NAME OF CEMETERY OR CREMATORY Cave Springs		24d. LOCATION (City, town, or county) (State) Alton, Mo.	
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DATE REC'D BY LOCAL REG. 4-6-51		REGISTRAR'S SIGNATURE W. E. Standby		25. FUNERAL DIRECTOR'S SIGNATURE H. H. Lohmeyer ADDRESS Springfield, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

396
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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.....
Student Embalmer

Signed *P. H. McCann*.....

Licensed Embalmer No. *2727*.....

P. O. Address *Springfield, 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.