

FILED APR 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9154

BIRTH NO. _____		REG. DIST. NO. <u>171</u>		PRIMARY REG. DIST. NO. <u>4267</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Odesa</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Odesa</u>		0540		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rebecca</u>		b. (Middle) <u>Windsor</u>		c. (Last) <u>Barton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 26, 1951</u>		
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 17, 1933</u>		
9. AGE (In years last birthday) <u>17</u>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Days		IF UNDER 2 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Factory worker</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>0</u>								
13a. FATHER'S NAME <u>John Windsor</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Bray</u>			14. NAME OF HUSBAND OR WIFE <u>Robert Lee Barton</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Windsor, Odesa, Mo.</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coupled Fracture Skull.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Struck by Diesel</u> DUE TO (c) <u>railroad engine</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>35</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No operation</u> <u>054</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Railroad cross</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Odesa Lafayette Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 26-1951 1:03 pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck by crossing by train</u>				
22. I hereby certify that I attended the deceased from <u>8-26</u> 19 <u>51</u> , after the death, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:03 pm</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W.C. Martin MD</u>				23b. ADDRESS <u>Odesa Mo</u>		23c. DATE SIGNED <u>3-28-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 28, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odesa Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Odesa, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>3-28-51</u>		REGISTRAR'S SIGNATURE <u>Emma Davidson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Husman-Sparks</u>		ADDRESS <u>Odesa, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4-5-51

251 87 AVE

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 4-6-51 _____

APR 21 1951

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. #4481

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.