

## STANDARD CERTIFICATE OF DEATH

State File No. ....

31299

FILED SEP 22 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8108**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		a. STATE <b>ILLINOIS</b> b. COUNTY <b>CLAY</b>	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FLORA</b> <b>8/20</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony</b>		d. STREET ADDRESS (If rural, give location) <b>NO NUMBER</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>LEWIS</b>	b. (Middle) <b>L.</b>	c. (Last) <b>BARTON</b>	(Month) <b>Sept.</b>	(Day) <b>11,</b>	(Year) <b>1951</b>
5. SEX <b>Male</b> <b>D</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>APR. 11, 1883</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMER</b>	11. BIRTHPLACE (State or foreign country) <b>XENIA ILL</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>JOHN BARTON</b>	13b. MOTHER'S MAIDEN NAME <b>(NOT KNOWN) WILKINS</b>	14. NAME OF HUSBAND OR WIFE <b>RENA HIGGINS</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>RENA BARTON</b>
		ADDRESS <b>FLORA ILL</b>

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) <b>Surgical Shock</b>		<b>3 hours</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Abdomino-perineal resection</b> DUE TO (c) <b>Carcinoma of the Rectum</b>		<b>2 years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>9/11/51</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of rectum with peri-aortic metastases</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)
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? <b>1374X</b>

22. I hereby certify that I attended the deceased from **8/28**, 19**51**, to **9/11**, 19**51**, that I last saw the deceased alive on **9/11/51**, 19**51**, and that death occurred at **3:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>B. Benjamin MD</b>	(Degree or title) <b>D</b>	23b. ADDRESS <b>7430 Virginia Avenue</b>	23c. DATE SIGNED <b>9/11/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>SEPT 14, 51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ODD FELLOWS</b>	24d. LOCATION (City, town, or county) (State) <b>XENIA ILL</b>

DATE REC'D BY LOCAL REG. <b>SEP 12 1951</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MD.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Chas M. Buebe</b>	ADDRESS <b>East St. Louis, Ill</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

*Chas M. Burke*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2421

P. O. Address East St. Louis, Ill

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.