

MAY 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17723
Registrar's No. 4204

| | | | | | |
|--|--|---|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Mo.) | | c. LENGTH OF STAY (In this place) _____ | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2039 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 7001 Plainview | | | d. STREET ADDRESS (If rural, give location) 7001 Plainview | | |
| 3. NAME OF DECEASED (Type or Print) Richard Barton | | | a. (First) | b. (Middle) | c. (Last) |
| 4. DATE OF DEATH May 5, 1952 | | | (Month) | (Day) | (Year) |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Apr. 7, 1885 | 9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairy Worker | 10b. KIND OF BUSINESS OR INDUSTRY Pevely | 11. BIRTHPLACE (State or foreign country) St. Genevieve, Mo. | | 12. CITIZEN OF WHAT COUNTRY? _____ | |
| 13a. FATHER'S NAME Thomas Barton | | 13b. MOTHER'S MAIDEN NAME Catherine Mills | | 14. NAME OF HUSBAND OR WIFE Susan Barton | |
| 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. no | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Susan Barton 7001 Plainview | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | <p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (Cancer) Melanoma General ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 4 yr |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 190X | | | |
| 22. I hereby certify that I attended the deceased from April 21, 1952 , to May 5, 1952 , that I last saw the deceased alive on May 5, 1952 , and that death occurred at 9:00 a. m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) Carl G. Smith M.D. | | 23b. ADDRESS Wichita Groves Mo | | 23c. DATE SIGNED 5-5-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | 24b. DATE 5-7-52 | 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo. | | |
| DATE REC'D BY LOCAL REGISTRY MAY 5 1952 | REGISTRAR'S SIGNATURE Carl G. Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 S. Grand Blvd. | | |

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

Dr. Carl Irick
227 E. Lackwood,
1 to 230p.m.

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
Student Embalmer

Student Embalmer No.

Signed *David Van Johnson*

Licensed Embalmer No. *1045*

P. O. Address. *6322 So. Hwy*

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.