

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17176

State File No.

FILED MAY 25 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5133 Registrar's No. 573

1. PLACE OF DEATH a. COUNTY <p align="center">Buchanan <u>0119</u></p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p align="center">Missouri</p>		b. COUNTY <p align="center">Buchanan <u>7110</u></p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Rural: Marion Twp.</p>		c. LENGTH OF STAY (In this place) <p align="center">43 years</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Rural: Marion Twp. <u>0</u></p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">3 miles S. of San Antonio, Mo.</p>			d. STREET ADDRESS (If rural, give location) <p align="center">3 miles S. of San Antonio, Mo.</p>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <p align="center">Carroll</p>	b. (Middle) <p align="center">Alva</p>	c. (Last) <p align="center">Barton</p>	(Month) <p align="center">May</p>	(Day) <p align="center">12,</p>	(Year) <p align="center">1953</p>

5. SEX <p align="center">male <u>C</u></p>	6. COLOR OR RACE <p align="center">white</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">married</p>	8. DATE OF BIRTH <p align="center">January 15, 1884</p>	9. AGE (In years last birthday) <p align="center">69</p>	IF UNDER 1 YEAR Months <p align="center"></p>	IF UNDER 24 HRS. Hours <p align="center"></p>	Min. <p align="center"></p>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">farmer</p>	10b. KIND OF BUSINESS OR INDUSTRY <p align="center">own farm</p>	11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Buchanan County, Missouri <u>C</u></p>	12. CITIZEN OF WHAT COUNTRY? <p align="center">USA</p>
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13a. FATHER'S NAME <p align="center">Thomas Barton</p>	13b. MOTHER'S MAIDEN NAME <p align="center">Cynthia Ann Reynolds</p>	14. NAME OF HUSBAND OR WIFE <p align="center">Laura Bell</p>
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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) <p align="center">NO</p>	16. SOCIAL SECURITY NO. <p align="center">none</p>	17. INFORMANT'S SIGNATURE OR NAME <p align="center">Mrs. Laura Barton, R.R. #1, Easton, Missouri</p>	ADDRESS <p align="center"></p>
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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 <p align="center">Immediate</p>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) <u>pneumonia, Rt. lower lobe</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <p align="center">4201</p>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5-7, 1953, to 5-12, 1953, that I last saw the deceased alive on 5-11, 1953, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <p align="center">Harold J. Brunner MD</p>	(Degree or title)	23b. ADDRESS <p align="center">St. Joseph, Mo.</p>	23c. DATE SIGNED <p align="center">5-13-53</p>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <p align="center">5/15/1953</p>	24c. NAME OF CEMETERY OR CREMATORY <p align="center">Blakely Cemetery</p>	24d. LOCATION (City, town, or county) (State) <p align="center">Buchanan County, Missouri</p>
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DATE REC'D BY LOCAL REG. <p align="center">May 20, 1953</p>	REGISTRAR'S SIGNATURE <p align="center">Esther M. Allison</p>	25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">Hector Barman</p>	ADDRESS <p align="center">St. Joseph, Mo.</p>
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *William E. Johnston*

Licensed Embalmer No. 4781

P. O. Address 319 So 10 St. Joseph

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.