

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 26 1954

No. 300
0.48
690

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5801 Registrar's No. 274

1. PLACE OF DEATH a. COUNTY Monroe County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina Rural	c. LENGTH OF STAY (in this place) 15Yrs	c. CITY OR TOWN Shelbina	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION None		STREET ADDRESS (If rural, give location) 6 miles S. E. Shelbina	

3. NAME OF DECEASED (Type or Print) a. (First) JESSE b. (Middle) OGDEN c. (Last) BARTON			4. DATE OF DEATH (Month) (Day) (Year) 10-15-1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-10-1890		9. AGE (In years last birthday) 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and State or Foreign Country) Marshfield, Mo		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Thomas Barton	13b. MOTHER'S MAIDEN NAME Sarah Welch	14. NAME OF HUSBAND OR WIFE Mary I. 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. 495-10-6842	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary I. Barton, Shelbina, Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic Hypertensive Heart Disease 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 10 days 7 yrs
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4-3 X	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) (Minute)	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 July 1953, to October 1954, that I last saw the deceased alive on 10-14, 1954, and that death occurred at 7:50P am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) T. H. Haeschler MD	23b. ADDRESS Shelbina, Mo	23c. DATE SIGNED 10-19-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-18-1954	24c. NAME OF CEMETERY OR CREMATORY Shelbina Cmty.	24d. LOCATION (City, town, or county) (State) Shelbina, Mo.
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DATE REC'D BY LOCAL REG. 10-20-54	REGISTRAR'S SIGNATURE Elvie Robertson	25. FUNERAL DIRECTOR'S SIGNATURE Barkeley-Hawkins	ADDRESS Shelbina, Mo.
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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.....
Signature of Student Embalmer

Signed..... *Ellen Hawkins*

Licensed Embalmer No. *349*

P. O. Address *S. Albee*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.