

FILED AUG 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21759**

BIRTH NO. _____		REG. DIST. NO. <u>127</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>656 C</u>			
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>					
b. CITY OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>1 Month</u>		c. CITY OR TOWN <u>Houston</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>No street address</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>			b. (Middle) <u>EDWARD</u>		c. (Last) <u>BARTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 29 1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 11, 1868</u>		9. AGE (in years last birthday) <u>87</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lawyer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Law Office</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pickens Co., South Carolina</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William Barton</u>			13b. MOTHER'S MAIDEN NAME <u>Harriet King</u>			14. NAME OF HUSBAND OR WIFE <u>Marietta Tweed</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes Spanish American</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ruth Barton</u>				ADDRESS <u>Houston, Missouri</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, athermia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thromboses, Multiple</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive C-V Disease</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>442X</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>6-3</u> , 19 <u>55</u> , to <u>7-29</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7-29</u> , 19 <u>55</u> , and that death occurred at <u>11:25P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>W. D. Ram</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>609 Cherry Springfield Mo</u>		23c. DATE SIGNED <u>7/30/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 30, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>		24d. LOCATION (City, town, or county) (State) <u>Houston, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>9/1/55</u>		REGISTRAR'S SIGNATURE <u>Edith Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeier</u>		ADDRESS <u>Springfield, Mo</u>			

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

SEP 2 1955

AUG 29 1955

SEP 7 1955

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..... Bernard J. Wri

Licensed Embalmer No.....

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.