

No. 300
10. 48

FILED DEC 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40271

State File No.

09-10

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 183

1. PLACE OF DEATH a. COUNTY — Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --- a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural, Marshall)	c. LENGTH OF STAY (in this place) 20 years	c. CITY OR TOWN Rural, Marshall	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 9 miles S.W. Marshall		e. STREET ADDRESS (If rural, give location) 9 miles S.W. Marshall	

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) Wilbur	c. (Last) Barton	4. DATE OF DEATH (Month) (Day) (Year) Nov. 25th, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 24, 1863	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months 9 Days 1	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (City and State or Foreign Country) Lebanon, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Daniel Boone Barton	13b. MOTHER'S MAIDEN NAME Margaret Arnold	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Jake Thomas, Marshall, Mo. R.I	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured pelvis & 7c left shoulder 6 days		
	DUE TO (c) Hypertension 9040		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension 9040		?	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 23	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) house	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Marshall, Saline Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 19 1956 10 am	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 097
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22. I hereby certify that I attended the deceased from **Nov 19, 1956**, to **Nov 25, 1956**, that I last saw the deceased alive on **Nov 24, 1956**, and that death occurred at **4-55A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl G. Reed M.D.	23b. ADDRESS Marshall, Mo.	23c. DATE SIGNED 11/26/56
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 27, 1956	24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery	24d. LOCATION (City, town, or county) (State) Marshall, Missouri
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DATE REC'D BY LOCAL REG. 11-26-56	REGISTRAR'S SIGNATURE Carl G. Reed	25. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis	ADDRESS Marshall, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

529

OFFICE
1938

JAN 31 1938

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..... *R.W. Campbell Jr.*.....

Licensed Embalmer No. *346*

P. O. Address *Muskegon*

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.