

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041074

FILED VS NOV 23 1959

STATE FILE NUMBER

Registration District No. 239 Primary Registration District No. 5825 Registrar's No. 19

UNDECEASED

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Catron		Length of stay in 1b 20	c. CITY OR TOWN Catron Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Price Middle Matthew Last Barton			4. DATE OF DEATH Month Oct Day 31 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan 12, 1892	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months 9 Days 19 Hours Min. 		IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer and Ginner	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Calhoun City, Miss	12. CITIZEN OF WHAT COUNTRY U. S.
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13a. FATHER'S NAME David Barton	13b. MOTHER'S MAIDEN NAME Mamie Herford	14. NAME OF HUSBAND OR WIFE Sussie 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. None	17. INFORMANT Johnnie Jolley-Catron, Mo. Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ART. SCLEROTIC HEART DIS.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIABETES MELLITUS.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Ilbourn, Mo.	COUNTY _____ STATE _____
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21. I attended the deceased from 1958 to 10.31.1959 and last saw ^{her}him alive on 10.28.59
Death occurred at 9:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Carl C. Poff M.D.	22b. ADDRESS Si Keaton, Mo.	22c. DATE SIGNED 11.3.59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov 2, 1959	23c. NAME OF CEMETERY OR CREMATORY Mounds Park Cemetery	23d. LOCATION (City, town, or county) Ilbourn, Mo.
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24. FUNERAL DIRECTOR Ponder Funeral Home-Ilbourn, Mo.	25. DATE RECD. BY LOCAL REG. 11-5-59	REGISTRAR'S SIGNATURE D. Deschamps, M.D.
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 28 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold S. Pender

Licensed Embalmer No. 5030

P. O. Address Lilbourn, Mo.

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.