

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-043246

FILED VS. NOV. 29 1960 316

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 458

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY St. Francois		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois		a. STATE Missouri b. COUNTY St. Francois		c. CITY OR TOWN Esther	
Length of stay in 1b 3 Mos.; 18 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4				d. STREET ADDRESS (If outside, give location) 710 Fifth Street			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First LYTLE		Middle LEEMAN		Last BARTON		Month November Day 6 , Year 1960	
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 Aug. 28, 1892	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months 2 Days 0 Hours 0 Min.	IF UNDER 24 HR Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mining		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Francois County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Willis Fletcher Barton			13b. MOTHER'S MAIDEN NAME Mary Margaret David		14. NAME OF HUSBAND OR WIFE Lula May Burns		
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. 493-26-5549		17. INFORMANT Address Records, State Hospital No. 4, Farmington, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Pulmonary embolus						Abt 1 days.	
DUE TO (b) Arteriosclerotic heart disease with auricular fibrillation						Unknown.	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Psychosis with cerebral arteriosclerosis.						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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)			
20c. TIME OF INJURY Hour 1:15 P.M. Month, Day, Year July 19, 1960	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 Farmington, Missouri		COUNTY St. Francois
21. I attended the deceased from July 19, 1960 to Nov. 6, 1960 and last saw him alive on Nov. 6, 1960 Death occurred at 1:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>J. L. Brennan M.D.</i> (Degree or title)			22b. ADDRESS State Hospital No. 4 Farmington, Missouri		22c. DATE SIGNED 11-8-60		
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 9, 1960	23c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery		23d. LOCATION (City, town, or county) Farmington, Missouri			
24. FUNERAL DIRECTOR ADDRESS Caldwell Funeral Home, Flat River, Mo.			25. DATE RECD. BY LOCAL REG. Nov. 8, 1960		26. REGISTRAR'S SIGNATURE <i>C. R. Rudloff</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF:

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 R. Caldwell

Licensed Embalmer No. 2531

P. O. Address Flat River, 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.