

FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32863

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9101

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2239	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 23 2645 St. Vincent	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2645 St. Vincent			

3. NAME OF DECEASED (Type or Print) a. (First) Thomas N. Barton b. (Middle) c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Sept. 18, 1953
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 8, 1904	9. AGE (In years last birthday) 49	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus operator Public Service Co.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Farmington, Mo.	12. CITIZEN OF WHAT COUNTRY? C
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13a. FATHER'S NAME Frank Barton	13b. MOTHER'S MAIDEN NAME Lula Plston	14. NAME OF HUSBAND OR WIFE Edna 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. no	17. INFORMANT'S SIGNATURE OR NAME Edna Barton 2645 St. Vincent	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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hrs. 8 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Insufficiency		
	ANTECEDENT CAUSES * Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Moderate Hypertension DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
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22. I hereby certify that I attended the deceased from Nov 21, 1952, to Oct 18, 1953, that I last saw the deceased alive on Sep 13, 1953, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE L. H. Hensley	(Degree or title)	23b. ADDRESS 145 S. 20th St. Farmington, Mo.	23c. DATE SIGNED Oct 19, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-21-53	24c. NAME OF CEMETERY OR CREMATORY Three Rivers	24d. LOCATION (City, town, or county) (State) Farmington, Mo.
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DATE REC'D BY LOCAL REG. SEP 21 1953	REGISTRAR'S SIGNATURE J. Carl Smith	FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home	ADDRESS 6322 S. Grand Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. L. B. Couch,
1452 S. Compton

Si. 2398

Hi. 0530

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
Student Embalmer

Signed

David Van Fossan

Licensed Embalmer No. 42922

P. O. Address 6322 So. Sea

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.