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FILED OCT 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32856

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4544 Registrar's No. 48

1. PLACE OF DEATH
a. COUNTY: Webster
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Niangua
c. LENGTH OF STAY (In this place): 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): X

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Webster
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Niangua
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): Pearl
c. (Last): Bartlett

4. DATE OF DEATH (Month) (Day) (Year): August 23 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Sept. 30 1889
9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months X Days X
IF UNDER 24 HRS.: Hours X Min. X

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Office
11. BIRTHPLACE (State or foreign country): Webster County Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: David Bartlett
13b. MOTHER'S MAIDEN NAME: Amanda B. Finley
14. NAME OF HUSBAND OR WIFE: X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: M. Violet Bartlett - Niangua, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEMORRHAGE, CEREBRAL, ACUTE — INTERVAL BETWEEN ONSET AND DEATH: 3 DAYS

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) GLOMERULONEPHRITIS, CHRONIC — ? YRS.
DUE TO (c) HYPERTENSION, SEVERE — ? YRS.

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* — 3 ? X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: NONE.
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____ 19____, *to* AUG 23, 1949, *that I last saw the deceased alive on* AUG. 22, 1949, *and that death occurred at* 8 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Bartlett, M.D.
23b. ADDRESS: NIANGUA, MO.
23c. DATE SIGNED: AUG 30-49.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 25-49
24c. NAME OF CEMETERY OR CREMATORY: Niangua
24d. LOCATION (City, town, or county) (State): Niangua, Missouri.

DATE REC'D BY LOCAL REG.: 9/8/49
REGISTRAR'S SIGNATURE: J. Francis 392
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Lex Rainey - Marshfield, Missouri
(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 16 1949
District Health Office No. 6,
District File Number 949-1053
Date Filed 10-8-49

OCT 10 1949

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 Rex Rainey

Licensed Embalmer No. 5612

P. O. Address Marshfield, Mo.

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

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