

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Revised
State File No. **8980**

FILED MAR 23 1951

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

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>119</u>	
1. PLACE OF DEATH a. COUNTY <u>Casper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>			
b. CITY OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (If this place) <u>2 days</u>		c. CITY OR TOWN <u>Bayton Springs Kans</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>417 E 22 st 8150</u>			
3. NAME OF DECEASED a. (First) <u>Gemmie</u>		b. (Middle) <u>Darrel</u>		c. (Last) <u>Bartlett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-6-51</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>inf.</u>		8. DATE OF BIRTH <u>3-2-51</u>	
9. AGE (In years last birthday) _____		10. MONTHS _____		11. DAYS <u>4</u>		12. IF UNDER 1 YEAR _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>child</u>		11. BIRTHPLACE (State or foreign country) <u>Joplin Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Murrel Bartlett</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Stamper</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mary Bartlett</u> ADDRESS <u>Bayton Cherokee Kas</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Exythoblastosis Fetalis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>7700</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>3-2</u> , 19 <u>51</u> , to <u>3-6</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-6</u> , 19 <u>51</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Pickrell, 2 DO.</u> (Degree or title)			23b. ADDRESS <u>1331 Military Ave Bayton Springs</u>		23c. DATE SIGNED <u>3, 7 51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-6-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lowell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lowell Kansas</u>	
DATE REC'D BY LOCAL REG. <u>3-9-51</u>		REGISTRAR'S SIGNATURE <u>Jane Wene</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jane Wene</u> ADDRESS <u>Bayton Cherokee Kas</u>			

RECEIVED 3-22-51
Jasper County Health Office

County File Number 51-3-229

Date Filed 3-22-51

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 _____

Wene Funeral Home

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *J. Lance Wene*

Licensed Embalmer No. *2880 mo.*

P. O. Address *Wester Spgs 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 this body is not embalmed, fact should be so stated above.