

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32409**

FILED OCT 30 1951

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **287**

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Browning 0580	
c. LENGTH OF STAY (In this place) 4 days		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION GrainSmiths Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Silas	b. (Middle) John	c. (Last) BARTOW	4. DATE OF DEATH (Month) (Day) (Year) Oct 25 1951
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5. SEX MALE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Nov 13, 1874	9. AGE (In years last birthday) 76	10 UNDER 1 YEAR Months Days	10 UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) INDIANA		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Issac Bartow	13b. MOTHER'S MAIDEN NAME Ada Wilson	14. NAME OF HUSBAND OR WIFE Mrs May Bartow
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME May Bartow	ADDRESS Browning Mo
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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.	I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 5 days
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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?
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22. I hereby certify that I attended the deceased from **10-22**, 1951, to **10-25**, 1951, that I last saw the deceased alive on **10-25**, 1951, and that death occurred at **5:52** a.m., from the causes and on the date stated above.

23a. SIGNATURE W. H. Hudson M.D. (Degree or title)	23b. ADDRESS Kirksville MO	23c. DATE SIGNED 10/20/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-27-51	24c. NAME OF CEMETERY OR CREMATORY Wassville Cen	24d. LOCATION (City, town, or county) (State) Browning (Rural) MO
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DATE REC'D BY LOCAL REG. 10-25-51	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Wade Funeral Home	ADDRESS Browning
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(Licensed Embalmer's Statement on Reverse Side)

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

62010. 1228

Date Received: OCT 29 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-19
Date Filed: OCT 29 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 me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Gerald F. Wade

Licensed Embalmer No. 4172

P. O. Address Browning

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.