

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33066

State File No. _____

FILED OCT 30 1951

BIRTH NO. _____		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>5358</u>		Registrar's No. <u>90</u>					
1. PLACE OF DEATH a. COUNTY <u>DAVIESS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>				b. COUNTY <u>DAVIESS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Coffey twp</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Coffey</u>		d. STREET ADDRESS (If rural, give location) <u>0310</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)							
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>			b. (Middle) <u>CALVIN</u>			c. (Last) <u>BARTLETT</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>10 13 1951</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>W</u>		8. DATE OF BIRTH <u>FEB 13 - 1859</u>			
9. AGE (In years last birthday) <u>92</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>DAVIESS Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JESSE Bartlett</u>			13b. MOTHER'S MAIDEN NAME <u>Mc Lee</u>			14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>X</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Lee R. Bartlett Cameron Mo</u>			ADDRESS		
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.				1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility - S.</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES				DUE TO (b) <u>Senile Dementia</u>				4 yrs			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)							
11. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <u>Gangrene both legs</u>				3.6 hrs			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>304X</u>						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) (Min)		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>1945</u> to <u>Oct 13, 1951</u> , that I last saw the deceased alive on <u>Oct 15, 1951</u> , and that death occurred at <u>8:30 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>J. K. Wilson MD</u> (Degree or title)				23b. ADDRESS <u>Winstons Mo</u>				23c. DATE SIGNED <u>Oct 15 51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10-15-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WINSTON</u>		24d. LOCATION (City, town, or county) (State) <u>Winstons Mo</u>					
DATE REC'D BY LOCAL REG. <u>24 Oct. 1951</u>		REGISTRAR'S SIGNATURE <u>Virginia M. Englehardt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edna S. Strain</u>		ADDRESS <u>Winstons, Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *L. O. Richerson*

Licensed Embalmer No. *3307*

P. O. Address *Dallatin, 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.