

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24256**

FILED JUL 28 1952

BIRTH NO. _____ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **3022** Registrar's No. **77**

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

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gentryville	
c. LENGTH OF STAY (In this place) 6 days		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Reid Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Cora	b. (Middle) Belle	c. (Last) Bartrop	4. DATE OF DEATH (Month) (Day) (Year) July 16 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 22 1881	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR 5 Months 25 Days	IF UNDER 12 HRS. 0 Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Gentry Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME George T. Weese	13b. MOTHER'S MAIDEN NAME Mary Alkaire	14. NAME OF HUSBAND OR WIFE Ernest E. Bartrop
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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.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Roy Ashlock, Albany, Mo.	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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7-15-52
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) Chronic Arterial Hypertension		
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 checked="" 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) 331X
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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?
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22. I hereby certify that I attended the deceased from **7-11**, 19**52**, to **7-16**, 19**52**, that I last saw the deceased alive on **7-16-52**, 19**52**, and that death occurred at **6:50 P.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Gilbert H. Thurgood D.O.	23b. ADDRESS Bethany, Mo.	23c. DATE SIGNED 7-21-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-18-52	24c. NAME OF CEMETERY OR CREMATORY Gentryville Cemetery	24d. LOCATION (City, town, or county) (State) Gentry Co. Missouri
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DATE REC'D BY LOCAL REG. 7/25/52	REGISTRAR'S SIGNATURE Zola Buerie	25. FUNERAL DIRECTOR'S SIGNATURE Clifford Moore	ADDRESS Albany Mo.
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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 me.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Charles B. ...

..... Licensed Embalmer No. 3329.....

P. O. Address Albany, 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.