

STANDARD CERTIFICATE OF DEATH

35433
State File No. _____
Missouri, Mo. Registrar's No. 7680261

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 393

492
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>	
c. LENGTH OF STAY (in this place) <u>unknown</u>		d. STREET ADDRESS (If rural, give location) <u>814 West A St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jane Chinn Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CLAUDE</u>	b. (Middle) <u>W.</u>	c. (Last) <u>BARTLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 24, 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 28, 1882</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian of Church</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Custodian</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Bartley</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Burch</u>	14. NAME OF HUSBAND OR WIFE <u>Grace Partley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>558-14-6054</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Grace Partley</u>	ADDRESS <u>Joplin, Missouri</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septicemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Tuberculous abscess right lung</u>		
	DUE TO (c) <u>Malnutrition</u>		
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)
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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?
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22. I hereby certify that I attended the deceased from 10-21, 1952, to 10-24, 1952, that I last saw the deceased alive on 10-24, 1952, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. W. Forbes</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Carterville, Missouri</u>	23c. DATE SIGNED <u>10-25-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 26, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fidelity Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jasper Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-25-1952</u>	REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge Lewis</u>	ADDRESS <u>Webb City, Mo.</u>
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RECEIVED 10-27-52
Jasper County Health Office

County File Number 52/10/820

Date Filed 10-27-52

FEB 3 1953

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 Leon J. Lewis

Licensed Embalmer No. 4541

P. O. Address Wade City, N.C.

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.