S. No. 300
V. 10-48

FILED JUN 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17704

State File No.

BIRTH NO. REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 4526 Registrar's No. 6

1080
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1. PLACE OF DEATH
a. COUNTY: VERNON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SHELDON
c. LENGTH OF STAY (In this place): 40 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: VERNON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SHELDON
d. STREET ADDRESS (If rural, give location):

1080
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3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): EVEN
c. (Last): BARTLETT

4. DATE OF DEATH (Month) (Day) (Year): MAY 31 54

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: JULY 23. 1869
9. AGE (In years last birthday): 84 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: RETIRED
11. BIRTHPLACE (City and State or Foreign Country): ROADHOUSE, ILL. 1
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: FRANCIS M. BARLETT
13b. MOTHER'S MAIDEN NAME: AMANDA CAIN
14. NAME OF HUSBAND OR WIFE: SARA ANN SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Helen Arnold — **ADDRESS**: Sheldon Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Valvular Heart — 20 yr
DUE TO (c) Nephritis — 2 y

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: 4214
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 19 53, *to* May 31, 19 54, *that I last saw the deceased alive on* May 31, 19 54, *and that death occurred at* 7:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. B. Bannister (Degree or title): MD
23b. ADDRESS: Sheldon MO
23c. DATE SIGNED: 5-31-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JUNE 2-54
24c. NAME OF CEMETERY OR CREMATORY: SHELDON
24d. LOCATION (City, town, or county) (State): SHELDON MO.

DATE REC'D BY LOCAL REG.: June 8 54
REGISTRAR'S SIGNATURE: Mrs A[redacted]
25. FUNERAL DIRECTOR'S SIGNATURE: Beeny Funeral Home — **ADDRESS**: Sheldon

330-0

[redacted]ed Embalmer's Statement on Reverse Side)

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

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 L. Gerald Berry

Licensed Embalmer No. 4203

P. O. Address Sheldon 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.