

Bartlett
FILED JUL 21 1954THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23869

State File No.

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>4397</u>		Registrar's No. <u>26</u>		
1. PLACE OF DEATH a. COUNTY <u>Missouri</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Missouri</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Coates</u>		c. LENGTH OF STAY (in this place) <u>14 yrs</u>		c. CITY OR TOWN <u>Coates</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>0789</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Earl</u> b. (Middle) <u>Richard</u> c. (Last) <u>Crook</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-13-54</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>5-8-1892</u>		
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Days <u>2</u>		IF UNDER 1 YEAR Hours <u>5</u>		IF UNDER 1 YEAR Min. <u>5</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Town</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Buster Crook</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Bertie Crook</u>		
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>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Bernice Huston Coates Ill</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		DUPLICATE OF (b) <u>Hypertension</u>					<u>12 hrs.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) <u>arteriosclerosis</u>					<u>several yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>D.O.G.</u>		DUPLICATE OF (d) <u>several yrs.</u>					<u>several yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 X</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) m.		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>June</u> , 19 <u>53</u> , to <u>July</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>July 10</u> , 19 <u>54</u> , and that death occurred at <u>5 P.</u> m. from the causes and on the date stated above.								
23a. SIGNATURE (Name or title) <u>Robert Bartlett D.O.</u>				23b. ADDRESS <u>Coates, Mo.</u>		23c. DATE SIGNED <u>16 July 54.</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>		24b. DATE <u>7-15-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>		24d. LOCATION (City, town, or county) (State) <u>Steels MO</u>		
DATE REC'D BY LOCAL REG. <u>7-16-54</u>		REGISTRAR'S SIGNATURE <u>L. J. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. ...</u>		ADDRESS <u>Coates, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

160-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JUL 20 1954

JUL 21 1954

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.....
Signature of Student Embalmer

Signed *John W. German*

Licensed Embalmer No. *435*

P. O. Address *Hayti*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.