

FILED FEB 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7978

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 4220 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>		
b. CITY OR TOWN <u>Hickory Wheatland Township</u>		c. LENGTH OF STAY (in this place) <u>allopse</u>	c. CITY OR TOWN <u>Hickory Wheatland Township</u>		0430
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles N of Wheatland</u>			d. STREET ADDRESS (If rural, give location) <u>3 miles N of Wheatland</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eliza</u> b. (Middle) <u>C.</u> c. (Last) <u>Bartshe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 1 1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Dec 22-1869</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Days <u>1</u> Hours <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Wheatland, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
13a. FATHER'S NAME <u>St. Joseph</u>		13b. MOTHER'S M maiden name <u>Mary A. Taylor</u>	14. NAME OF HUSBAND OR WIFE <u>William E. Bartshe</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Fred Schaefer - Wheatland Mo</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>	ANTECEDENT CAUSES				<u>1 day</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Senility</u>
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (c) _____
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>July 15 1954</u> to <u>Feb 1 1955</u> , that I last saw the deceased alive on <u>Feb 1 1955</u> , and that death occurred at <u>8:30 p. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>D. E. Bingham, D.O.</u> (Degree or title)			23b. ADDRESS <u>Wheatland Mo</u>		23c. DATE SIGNED <u>2-11-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 6-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Madonia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wheatland, Mo</u>		
DATE REC'D BY LOCAL REG. <u>2-19-1955</u>	REGISTRAR'S SIGNATURE <u>Mary Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert S. Thaway - Wheatland, Mo</u> ADDRESS _____		

(Licensed 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

Charles Gilbert Hathaway

Licensed Embalmer No. *4267*

P. O. Address *Wheatland, Md.*

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.