

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11775**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1371

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas city</u>	c. LENGTH OF STAY (in this place) <u>57 da</u>	c. CITY OR TOWN <u>MISSION</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 HOSPITAL OR INSTITUTION <u>Kelleys Hospital</u>		STREET ADDRESS (If rural, give location) <u>5508 REEDS Rd.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LYNN</u> (Middle) <u>JOSEPH</u> c. (Last) <u>BARTLETT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-26-55</u>	
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify!) <u>MARRIED</u>	8. DATE OF BIRTH (1898) <u>Aug 5, 1898</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Broker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Insurance</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Howard, Kan.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Sanford H. Bartlett</u>	13b. MOTHER'S MAIDEN NAME <u>D O BYNS (ANABELLE)</u>	14. NAME OF HUSBAND OR WIFE <u>JOSEPHINE BARTLETT</u>	
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>495-10-0540</u>	17. INFORMANT'S SIGNATURE OR NAME <u>San Bartlett</u> ADDRESS <u>5403 Alameda St. Wash D.C.</u>	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 to 10 hr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intestinal Obstruction</u>		29 months
	DUE TO (c) <u>Chronic Asthma Nervosa</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>5705</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Entire Colon distended to wall the peritonea, at Cecum was torn, obstruction at terminal ileum.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 1-28, 1955, to 3-26, 1955, that I last saw the deceased alive on 3-26, 1955, and that death occurred at 10:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. L. Graham</u> (Degree or title)	23b. ADDRESS <u>418 Bryant Bldg</u>	23c. DATE SIGNED <u>3/28/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>None</u>	24b. DATE <u>3/28/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>M. Washington</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-28-55</u>	REGISTRAR'S SIGNATURE <u>Neve Minsell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mellody - McElley Bryan - K.C. Mo.</u> ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

80-10-108
8-6-69-78

[Faint handwritten marks]

1969

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.....
Licensed Embalmer No. 00

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E 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.