

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4165 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, write RURAL and give township) Gallatin	c. LENGTH OF STAY (in this place) Yrs.	c. CITY OR TOWN Gallatin	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 ---		f. STREET ADDRESS (If rural, give location) ---	

3. NAME OF DECEASED (Type or Print) a. (First) Robert Richard b. (Middle) Lee c. (Last) Bartlett			4. DATE OF DEATH (Month) (Day) (Year) April 10 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, * WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 6 1869	9. AGE (In years last birthday) 86	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Labor		11. BIRTHPLACE (City and State or Foreign Country) D Harrison Co. Missouri	
13a. FATHER'S NAME Henry Bartlett			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mary V. Bartlett (Dec'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rado Bartlett, Gallatin, Mo.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 2 yrs. 4 yrs. 1 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio vascular renal disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic nephritis, Edema of chest enlargement DUE TO (c) arterial Sclerosis, Cardiac		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. prostate enlargement			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442x		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 June, 1910, to April 10, 1956, that I last saw the deceased alive on April 9, 1956, and that death occurred at 5:30A m., from the causes and on the date stated above.

23a. SIGNATURE H. W. Bailey, Jr. (Degree or title) Jr.		23b. ADDRESS Gallatin Mo		23c. DATE SIGNED 4-11-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-12-1956		24c. NAME OF CEMETERY OR CREMATORY Brown Cemetery		24d. LOCATION (City, town, or county) (State) Gallatin, Mo.	
DATE REC'D BY LOCAL REG. 4-20-56		REGISTRAR'S SIGNATURE Vernon M. Engelsted		25. EMBALMER'S SIGNATURE L. C. Schesser		ADDRESS Hope Funeral Home, Gallatin, Mo.	

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

APR 24 1956

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 *L. O. Dickerson*.....

Licensed Embalmer No. *33*

P. O. Address *Lullwater*

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.