

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21509**

FILED JUN 27 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **4424** Registrar's No. **74**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Polk</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Humansville</b> c. LENGTH OF STAY (in this place) <b>5 days</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Damont Memorial Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Hickory</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Paral-Tyler Township</b> d. STREET ADDRESS (If rural, give location) <b>3 miles west of Elkton</b>	
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<b>3. NAME OF DECEASED</b> (Type or Print) <b>Celestie Clarendia Bartshe</b> a. (First) <b>Celestie</b> b. (Middle) <b>Clarendia</b> c. (Last) <b>Bartshe</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 16-1956</b>
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<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widow</b>	<b>8. DATE OF BIRTH</b> <b>Aug 15-1893</b>	<b>9. AGE</b> (In years last birthday) <b>72</b>	<b>IF UNDER 1 YEAR</b> Months <b>10</b> Days <b>1</b>	<b>IF UNDER 24 HRS.</b> Hours <b></b> Min. <b></b>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farm Housewife</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Self Employed</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Schofield, Mo</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>J. E. Henderson</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Susan M. Freeman</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>John V. Bartshe - Deceased</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME - ADDRESS</b> <b>Mabel West - Humington, Mo</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 week</b>
<b>11. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>331x</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY.</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 6/9, 1956, to 6/16, 1956, that I last saw the deceased alive on 6/16, 1956, and that death occurred at 1 P. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>L. H. Robinson M.D.</b>	<b>23b. ADDRESS</b> <b>Humansville, Mo.</b>	<b>23c. DATE SIGNED</b> <b>6/16/56</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>June 18, 1956</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Deane's Chapel</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Hickory, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>June 22, 1956</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Ralph Gordon</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS</b> <b>Garrett T. H. ...</b>
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(Licensed Embalmer - Placement on Reverse Side)

