

FILED JUL 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23091**

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4113 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARLTON</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give town) <u>BRUNSWICK</u>		c. CITY OR TOWN <u>BRUNSWICK</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>10 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>0210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>C.</u> c. (Last) <u>BARTLES</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>7 13 1956</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12-8-1892</u>
9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM WORK</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CORDON I.D.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>SCOTT BARTLES</u>	13b. MOTHER'S MAIDEN NAME <u>JULIA DE CAMP</u>	14. NAME OF HUSBAND OR WIFE <u>BEULAH BARTLES</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>496-03-8025</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS J.C. BARTLES BRUNSWICK MO</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial asthma.</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u> <u>5 yrs</u> <u>6 mo.</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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>June 13, 1956</u> , to <u>7/13</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>7/7/56</u> , 19 <u>56</u> , and that death occurred at <u>7 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. H. Straub M.D.</u>		23b. ADDRESS <u>Branswick, Mo</u>	23c. DATE SIGNED <u>7/15/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-15-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>EVERGREEN</u>	24d. LOCATION (City, town, or county) (State) <u>DEWITT MO</u>
DATE REC'D BY LOCAL REG <u>7-16-56</u>	REGISTRAR'S SIGNATURE <u>Mildred Boone</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L.W. Heisel Branswick MO</u>	

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

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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. W. Heusel*

Licensed Embalmer No. *823*

P. O. Address *Bremerton*

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.