

No. 300
v. 10-48

FILED AUG 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25720

State File No.

BIRTH NO. _____ REG. DIST. NO. 391 PRIMARY REG. DIST. NO. 4505 Registrar's No. 18

1030
4

1. PLACE OF DEATH a. COUNTY <u>STODDARD.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before a. STATE <u>MO</u> b. COUNTY <u>DUNKLIN</u>)	
b. CITY OR TOWN <u>BELL CITY.</u>		c. CITY OR TOWN <u>GIDEON</u>	
c. LENGTH OF STAY (in this place) <u>10m.</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>SHETLEY NURSING HOME</u>		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <u>TONIE BARTLETT.</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <u>July 20-56</u>
--	------------	-------------	-----------	------------------------------------

5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED.</u>	8. DATE OF BIRTH <u>Sept. 15-1886</u>	9. AGE (In years, last birthday) <u>69</u>	10. UNDER 1 YEAR Months <u>10</u> Days <u>5</u>	11. UNDER 1 HRS. Hours <u></u> Min. <u></u>
-----------------	-------------------------------	--	---------------------------------------	--	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>APPLETON, ARK.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	-----------------------------------	--	--

13a. FATHER'S NAME <u>UNKNOWN.</u>	13b. MOTHER'S MAIDEN NAME <u>CYNTHIA DYKE</u>	14. NAME OF HUSBAND OR WIFE <u>EMMETT BARTLETT.</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>Miss Ina Ruth Bartlett poplar Bluff, Mo.</u>	18. ADDRESS
---	-------------------------------------	---	-------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Transition - slow down</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 years.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Parkinson disease (Paralysis agitans)</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) (Min.)	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 Dec 31, 1950, to July 20, 1956, that I last saw the deceased alive on July 20, 1956, and that death occurred at 4:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John Crow</u>	(Degree or title) <u>med. Care Guardian</u>	23b. ADDRESS	23c. DATE SIGNED <u>July 26, 1956</u>
---------------------------------	---	--------------	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-22-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PRESBYTERIAN Cemetery</u>	24d. LOCATION (City, town, or county) <u>APPLETON, ARK.</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>8/1/56</u>	REGISTRAR'S SIGNATURE <u>Bernice Moore</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Shetley</u>	ADDRESS <u>Bell City, Mo.</u>
--	--	---	-------------------------------

(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
Signature of Student Embalmer

Signed *Raymond L. Duffie*

Licensed Embalmer No. *479*

P. O. Address *Bennie,*

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.