

FILED AUG 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26778

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1022</u>		Registrar's No. <u>3110</u>				
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. LENGTH OF STAY (in this place) 10 Years		c. CITY OR TOWN Kansas City		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 (If not in hospital or institution, give street address or location) St. Mary's Hospital				e. STREET ADDRESS (If rural, give location) 52 3217 Wayne				3528		
3. NAME OF DECEASED (Type or Print) a. (First) ELVA			b. (Middle)			c. (Last) BARTLETT			4. DATE OF DEATH (Month) (Day) (Year) August 5, 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Never Married		8. DATE OF BIRTH Jan. 6, 1896		9. AGE (In years last birthday) 60		
IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 YEAR Hours		IF UNDER 24 HRS. Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady			10b. KIND OF BUSINESS OR INDUSTRY Kline's Dept. Store			11. BIRTHPLACE (City and State or Foreign Country) Bogard, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Ulysses Bartlett			13b. MOTHER'S MAIDEN NAME Cora E. Dodds			14. NAME OF HUSBAND OR WIFE -----				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY (If yes, give war or dates of service) 497-14-2153			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kenneth Bartlett 3217 Wayne				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction						INTERVAL BETWEEN ONSET AND DEATH 8/4/56 - 8/5/56		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						4201		
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 <u>8/4/56</u> to <u>8/5</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>8/5</u> , 1956, and that death occurred at <u>6:45</u> p.m., from the causes and on the date stated above.										
23a. SIGNATURE P. J. O'Connell				Degree or title MD		23b. ADDRESS 4178 Cambridge K.C.Mo.		23c. DATE SIGNED 8/6/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. 7, 1956		24c. NAME OF CEMETERY OR CREMATORY Coloma Cemetery		24d. LOCATION (City, town, or county) (State) Bogard, Missouri				
DATE REC'D BY LOCAL REG. 8-6-56		REGISTRAR'S SIGNATURE Neva Minshall			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO., 3235 Gillham Plaza, K. C. 9, Mo.					

(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 *Elmer D. Triplett*.....

Licensed Embalmer No. *4817*.....

P. O. Address *Barnesville, Ga.*.....

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.