

FILED AUG 22 1956

## STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>276</u>		PRIMARY REG. DIST. NO. <u>4470</u>		Registrar's No. <u>53</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. James</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>St. James</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>None</u>				e. STREET ADDRESS (If rural, give location) <u>0810</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>Evans</u> c. (Last) <u>Bartruff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 8 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>Sept 27 1884</u>	
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>11</u>		IF UNDER 24 HRS. Hours <u>11</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>6</u> <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>C. C. Bartruff</u>			13b. MOTHER'S MAIDEN NAME <u>Delia Evans</u>			14. NAME OF HUSBAND OR WIFE <u>Cordie Bartruff St. James, Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>488-14-0646</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jack Bartruff St. James, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the cause 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) <u>Basal skull fracture</u>  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. <u>D.O.A. - when seen</u>					INTERVAL BETWEEN ONSET AND DEATH <u>sudden death</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>8165</u> <u>26</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.) <u>Highway 66</u>		21c. CITY, TOWN, OR TOWNSHIP (County) <u>St James Phelps Mo</u>		21d. STATE (STATE) <u>MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 8 56 9:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto-bus collision</u>			
22. I hereby certify that I attended the deceased from <u>not treated</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. A. Stricker M.D.</u> (Degree or title)				23b. ADDRESS <u>St James Mo</u>		23c. DATE SIGNED <u>8-13-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 11, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Jmes, Mo</u>		
DATE REC'D BY LOCAL REG. <u>8-18-1956</u>		REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jesse Baker - St. James, Mo -</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

2510

479

RECEIVED

Phelps County Health Officer,

County File Number 500

Date Filed 8-22-56

OCT 23 1956

SEP 25 1956

MAY 24 1957

**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.....  
*Henry M. Jones*

Licensed Embalmer No. 2628

P. O. Address St. Charles

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.