

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40994  
STATE FILE NUMBER

FILED DEC 12 1957

Registration District No. 383 Primary Registration District No. 5647 Registrar's No. 126

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>Fraistatt Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Mt. Vernon, Missouri</u>		Side Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Crestview Rest Home</u>			Length of stay in lb <u>7 mo -</u>		d. STREET ADDRESS (If outside, give location) <u>RC #3 -</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Kathryne - Elizabeth Bartelsmeyer</u>				4. DATE OF DEATH <u>Dec - 1 - 1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>April - 24 - 1878</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u> Hours <u>1</u> Min. <u>1</u>		IF UNDER 24 HRS. Hours <u>1</u> Min. <u>1</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (City and state or country) <u>Bond Co. Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Godfred Roesslet</u>				14. MOTHER'S MAIDEN NAME <u>Mary Dellabacke</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Francis Bartelsmeyer - Mt. Vernon Mo.</u>		Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Granulation</u>							<u>7 mo</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							<u>10 yrs</u>
DUE TO (b) <u>Left Hemiplegia</u>							<u>15 yrs</u>
DUE TO (c) <u>Hypertension &amp; Arteriosclerosis</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>							20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour <u>3:30</u> Month <u>11</u> Day <u>19</u> Year <u>1957</u> a. m. <u>am</u> p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <u>3/30/57</u> to <u>11/19/57</u> and last saw her alive on <u>11/19/57</u> Death occurred at <u>12 noon</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Reneeth Blower md</u> (Degree or title)					22b. ADDRESS <u>Mt. Vernon, Mo</u>		22c. DATE SIGNED <u>12/2/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec-3-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>5 mi. S.W. Mt. Vernon, Mo.</u>	
24. FUNERAL DIRECTOR <u>H. D. Fossett - Mt. Vernon, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>12-4-57</u>		26. REGISTRAR'S SIGNATURE <u>Cecil Handucks</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service  
300 1-56  
4  
550  
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
4110

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 me, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. H. Laine

Licensed Embalmer No. 220

P. O. Address Mt. Vernon

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.