Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-010359
STATE FILE NUMBER

FILED APR 2 1958

Registration District No. 12 Primary Registration District No. 2001 Registrar's No. 150

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2232 GRAND — Length of stay in 1b 60 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY JASPER 0495
c. CITY OR TOWN JOPLIN — Inside Limits Yes ☒ No ☐ 0
d. STREET ADDRESS (If outside, give location) 2641 E. 11TH ST — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ERVIN Middle E. Last BARTLETT
4. DATE OF DEATH Month MAR Day 13 Year 1958

5. SEX MALE 0
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH JAN 13, 1873
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EMPLOYEE COOKS LOCAL 246
10b. KIND OF BUSINESS OR INDUSTRY UNION
11. BIRTHPLACE (City and state or country) DALLAS CO. MO 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME NO RECORD
13b. MOTHER'S MAIDEN NAME NO RECORD
14. NAME OF HUSBAND OR WIFE MOLLIE (DECEASED)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT BYRON BARTLETT, Address JOPLIN, MO

MEDICAL CERTIFICATION — USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 4 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriolar Nephrosclerosis 1
DUE TO (c) Arteriosclerosis 446X 6 yrs
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 ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 3-25-58 2-23-58 to 3-13-58 and last saw her/him alive on 3-13-58
Death occurred at 2:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J R Morgan (Degree or title) DO
22b. ADDRESS 1014 Main Joplin
22c. DATE SIGNED 3-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE MAR. 17, 1958
23c. NAME OF CEMETERY OR CREMATORY FOREST PARK CEM.
23d. LOCATION (City, town, or county) JOPLIN (State) MO

24. FUNERAL DIRECTOR HURLBUT-GLOVER ADDRESS JOPLIN
25. DATE RECD. BY LOCAL REG. 3-28-58
26. REGISTRAR'S SIGNATURE Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

County File Number 38-3-311

Date Filed MAR 31 1958

VS JUN 5 1959

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 Dale Glen

Licensed Embalmer No. 4543

P. O. Address Joplin, M

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.