

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036127
STATE FILE NUMBER

FILED OCT 20 1958

Registration District No. 128 Primary Registration District No. Registrar's No. 983

S. 300
v. 1-57
970
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1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Washington b. COUNTY Thurston	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JACKSON TWP		c. CITY OR TOWN Olympia	
c. FULL NAME OF HOSPITAL OR INSTITUTION 1 mile east of Strafford, Mo.		d. STREET ADDRESS (If outside, give location) 5460 P 237 N. Foote	
3. NAME OF DECEASED (Type or print) First MERYLE Middle C. Last BARTHOLOMEW		4. DATE OF DEATH Month Oct Day 14 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 17, 1909
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or county) Wynot, Nebr.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Frank A. Kunduall	
13b. MOTHER'S MAIDEN NAME Lillian Cressy		14. NAME OF HUSBAND OR WIFE Rev. James Bartholomew	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. No	17. INFORMANT W. A. Couch, Address Tum Walter, Wash.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushing Head and Chest Injuries			INTERVAL BETWEEN ONSET AND DEATH Inst
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 checked="" 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, item 18) Two car accident on U.S. Highway 44 about 1/2 mile east of Strafford, Mo. She was passenger in one car		
20c. TIME OF INJURY Hour 12:45 Month 10 Day 14 Year 58			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Interstate 44 Hiway	20f. CITY, TOWN, OR LOCATION 1 mile east of Strafford	COUNTY Greene STATE MO
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at Appox. 12:45 p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ralph Thieme		22b. ADDRESS Greener, Greene Co.	22c. DATE SIGNED 10/15/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10/15/58	23c. NAME OF CEMETERY OR CREMATORY Olympia Memorial	23d. LOCATION (City, town, or county) (State) Olympia Wash.
24. FUNERAL DIRECTOR Ralph Thieme ADDRESS Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 10-16-58	26. REGISTRAR'S SIGNATURE Offie G. Melton

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

MS JUN 18 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 Wayne Smith, Student Embalmer No. 567 working under my personal supervision.

Student Wayne Smith
Signature of Student Embalmer

Signed Lee Mason

Licensed Embalmer No. 4568

P. O. Address Springfield, Mo.

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.