

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014108

STATE FILE NUMBER

HEU MAY 1 1959 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Hannibal</b> <b>0648</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Levering Hosp.</b>		Length of stay in 1b <b>2 wks.</b>	d. STREET ADDRESS (If outside, give location) <b>606 John St.</b>
3. NAME OF DECEASED (Type or print) First <b>Rufus</b> Middle <b>W.</b> Last <b>Bartram</b>			4. DATE OF DEATH Month <b>4</b> Day <b>21</b> Year <b>59</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4-3-1871</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Contractor</b>	11. BIRTHPLACE (City and state or country) <b>Hannibal, Mo.</b>
13a. FATHER'S NAME <b>John Bartram</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Caring</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Bartram</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Ben Johnston-719 S. Arch Hannibal Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Crownary heart Disease</b> DUE TO (b) <b>Virus Pneumonia</b> DUE TO (c) <b>Arterio sclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>none</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 weeks</b> <b>1 week</b> <b>10 Wk</b>
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.) <b>no</b>	
20c. TIME OF INJURY Hour <b>no</b> Month, Day, Year		20d. INJURY OCCURRED WHILE AT <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 <b>2-25-59</b> to <b>4-21-59</b> and last saw <b>him</b> on <b>4-21-59</b> Death occurred at <b>6:00 A. M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>John A. Beck, M.D.</b>		22b. ADDRESS <b>Hannibal, Mo.</b>	22c. DATE SIGNED <b>4-22-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-23-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Hannibal, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Jack Schwarz - Hannibal, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4-22-1959</b>	26. REGISTRAR'S SIGNATURE <b>Dr. E. M. Lucke, V. C. Fisher</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

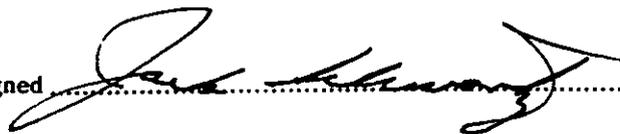
All diseases in Part I must be causally related.

DATE FILED APR 29 1958

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  .....

Licensed Embalmer No. .... 490

P. O. Address ..... Hamilton

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.