URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 6 1959

NDED

Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 353

59-031711
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Whitewater
Length of stay in 1b: 81 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: R.F.D. # 1
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Whitewater
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R.F.D. # 1
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Samuel Middle: Last: Bartels
4. DATE OF DEATH: Month: October Day: 2 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/23/1876
9. AGE (last birthday): 83
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (City and state or country): Gordonville, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Henry Bartels
13b. MOTHER'S MAIDEN NAME: Welhelmia Nothdorft
14. NAME OF HUSBAND OR WIFE: Augusta Bartels
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.: None
17. INFORMANT: Linus Bartels Address: Cape Girardeau, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE: Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 6 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Esophageal Obstruction — 1 yr ±
DUE TO (c): Probable Cancer of Esophagus — 1 yr ±
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 Sept 28, 1959. to Oct 2, 1959 and last saw him alive on Sept 8, 1959
Death occurred at 7:40 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John Crowe (Degree or title) MD
22b. ADDRESS: Cape Girardeau Mo.
22c. DATE SIGNED: Oct 3 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/4/1959
23c. NAME OF CEMETERY OR CREMATORY: Zions Methodist Cemt.
23d. LOCATION (City, town, or county) (State): Gordonville, Cape Gir. Mo.

24. FUNERAL DIRECTOR ADDRESS: L. L. Haman-Cape Girardeau, Mo.
25. DATE RECD. BY LOCAL REG.: 10-3-1959
26. REGISTRAR'S SIGNATURE: Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

DEC 10 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 r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Howard L. Haman

Signature of Student Embalmer

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.