

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025890

STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 5690 Registrar's No. 81

FILED JUL 20 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Linn		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Yellow Creek Twp.		a. STATE Kansas		b. COUNTY Sedgwick	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb		c. CITY OR TOWN Wichita		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 1250 S. Seneca		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Vernon		Middle Ray		Last Bartholomew		Month Day Year June 19, 1961	
5. SEX Male	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 12-27-27	9. AGE (last birthday) 33	IF UNDER 1 YEAR Months 6 Days 22	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Lumber & Hardware		11. BIRTHPLACE (City and state or country) Wichita, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Glen V. Bartholomew			13b. MOTHER'S MAIDEN NAME Nettie Kralicek			14. NAME OF HUSBAND OR WIFE Terry Bartholomew	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Terry Bartholomew Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Multiple Internal Injuries						Immed.	
DUE TO (b) Loss of Blood, cuts & abrasions							
DUE TO (c) Airplane Accident							
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 of item 18.) Plane crashed in plowed field			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		completely crushing body.					
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.)		20f. CITY, TOWN, OR LOCATION Yellow Creek Twp		COUNTY STATE Linn Missouri	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 9:00 P. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>W.R. Wright</i> W.R. Wright, Coroner				22b. ADDRESS Meadville, Missouri		22c. DATE SIGNED 6-20-61 # # # # #	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-20-61		23c. NAME OF CEMETERY OR CREMATORY Wichita, Kansas		23d. LOCATION (City, town, or county) (State) Wichita, Kansas	
24. FUNERAL DIRECTOR H. Ives Bowden, Brookfield, Mo.			25. DATE RECD. BY LOCAL REG. 6-20-61		26. REGISTRAR'S SIGNATURE <i>Walter E. Crum</i> Walter E. Crum		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

RQ

1961 03 70C SA

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Homer Bowden

Licensed Embalmer No. 329

P. O. Address Brookfield

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.