

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 3 1949

State File No. **40914**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **3048** Registrar's No. **303**

74  
1-2  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Holt</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Maryville</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>Maitland</b>		1/5	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Francis Hospital</b>			d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Elmer</b> b. (Middle) <b>Ellsworth</b> c. (Last) <b>Bartram</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 20-1948</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Aug. 13-1860</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months   Days	IF UNDER 1 HRS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired farmer</b>	11. BIRTHPLACE (State or foreign country) <b>Marion Co., Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>America</b>	
13a. FATHER'S NAME <b>Corydon Porter Bartram</b>		13b. MOTHER'S MAIDEN NAME <b>Lucinda Zuck</b>		14. NAME OF HUSBAND OR WIFE <b>Alice Elizabeth Bartram-deceased</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'S SIGNATURE OR NAME ADDRESS <b>Mrs. Alice Henry - Skidmore Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> <b>H2B</b>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Circumstances of trauma</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Sensitivity</b> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>?</b>	
19a. DATE OF OPERATION <b>no</b>	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Aug 14, 1948</b> , to <b>Dec 19, 48</b> , that I last saw the deceased alive on <b>Dec 20, 1948</b> , and that death occurred at <b>7:45 P. m.</b> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <b>B. G. Byland, M.D.</b>			23b. ADDRESS <b>Maryville Mo.</b>		23c. DATE SIGNED <b>Dec 22-48</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec 23-48</b>	24c. NAME OF CEMETERY OR CREMATORY <b>K of P. Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Maitland Mo.</b>		
DATE REC'D BY LOCAL REG. <b>12-24 48</b>	REGISTRAR'S SIGNATURE <b>Bess Holt</b>		25. HONORARY DIRECTOR'S SIGNATURE ADDRESS <b>J. M. Atchison Maryville Mo.</b>			

**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. 266

working under my personal supervision.

Student Lawrence J. Thompson  
Student Embalmer

Signed G M Pittman

Licensed Embalmer No. 2279

P. O. Address Marysville 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 this body is not embalmed, fact should be so stated above.