

1904

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 11 1949

No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>4326</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Olean</u>		c. LENGTH OF STAY (If in this place) <u>28 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Olean</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Olean - Mo</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Johanne</u> c. (Last) <u>Bartsch</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 7 - 1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 15, 1881</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone Service</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Switch Board</u>		9. AGE (In years last birthday) <u>67</u> <u>1</u> <u>22</u> <u>-</u> <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Cole Co Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Joseph Bartsch</u>		13b. MOTHER'S MAIDEN NAME <u>Katheryn Slate</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Lina Bartsch</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lina Bartsch</u>		ADDRESS <u>Olean Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pre Senility</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. 19a. DATE OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 <u>1/7</u> , 19 <u>49</u> , to <u>1/7</u> , 19 <u>49</u> that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. D. Walker M.D.</u>				23b. ADDRESS <u>Eldon Mo</u>		23c. DATE SIGNED <u>Jan 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 9, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Olean Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Olean (Mo.)</u>	
DATE REC'D BY LOCAL REG. <u>1-8-49</u>		REGISTRAR'S SIGNATURE <u>Blumata Walter</u>		19 <u>2</u> 25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Rags</u>		ADDRESS <u>Eldon Mo</u>	

(Licensed Embalmers' Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
JAN 10 1949
Date Filed

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
Student Embalmer

Signed

Keith McKays

Licensed Embalmer No. *3998*

P. O. Address *Eldon 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.