

FILED NOV 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36741**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 4158 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u>	
b. CITY OR TOWN <u>Buffalo</u>	c. LENGTH OF STAY (if this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buffalo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS _____	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM I b. (Middle) BARTLETT c. (Last) \_\_\_\_\_

4. DATE OF DEATH (Month) (Day) (Year) 11-15-49

5. SEX Male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Aug. 14, 1867 9. AGE (In years last birthday) 82 IF UNDER 1 YEAR: Months 3 Days \_\_\_\_\_ Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) Dallas Co. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Floyd Bartlett 13b. MOTHER'S MAIDEN NAME Pernina Nedrick 14. NAME OF HUSBAND OR WIFE Florence Bartlett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME Harison Bartlett ADDRESS Buffalo

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.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Chronic Myocardial degeneration  
INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_  
ANTECEDENT CAUSES  
DUE TO (b) Chronic Endocarditis which 4214  
DUE TO (c) became acute following 4 days  
II. OTHER SIGNIFICANT CONDITIONS  
Lobar Pneumonia 3 wks.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Oct. 17, 1949 to Nov. 14, 1949, that I last saw the deceased alive on Nov. 14, 1949, and that death occurred at 7:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] D.O. [Signature] 23b. ADDRESS Buffalo, Missouri 23c. DATE SIGNED 11-18-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Remove 24b. DATE 11-16-49 24c. NAME OF CEMETERY OR CREMATORY Baxter Spring Cem. 24d. LOCATION (City, town, or county) (State) Baxter Spring, Kan.

DATE REC'D BY LOCAL REG. 11/26/49 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Buffalo, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

30  
0  
0

RECEIVED

District Health Officer No. 7,

District File Number 10-49-1414

Date Filed 11-29-29

**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.

Signed \_\_\_\_\_  
Student Embalmer

Signed Morris B. Jones  
Licensed Embalmer No. 4322

P. O. Address Baltimore, Md

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.