

FILED DEC 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

*Johnson*  
State File No. 39870

BIRTH NO. _____		REG. DIST. NO. <u>326</u>		PRIMARY REG. DIST. NO. <u>4487</u>		Registrar's No. <u>62</u>	
1. PLACE OF DEATH a. COUNTY <u>Scotland</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scotland</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Gorin</u>		c. LENGTH OF STAY (If this place) <u>2 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Gorin Rural</u>		99	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (First) <u>Rhoda</u> (Middle) <u>A</u> (Last) <u>Bartine</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 9-1949</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Sept 4-1863-86</u>		9. AGE (In years last birthday) <u>25</u>	IF UNDER 1 YEAR Month <u>2</u> Day <u>5</u>	IF UNDER 12 HRS. Hour _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Scotland Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Perry Steepler</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Woodruff</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Bartine</u>			
15. WAS DECEASED MEMBER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Floyd E. Bartine</u> ADDRESS <u>Gorin</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>fracture left hip joint</u> ANTECEDENT CAUSES A. Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Age. Valvular Heart Lesions</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6704</u> <u>21</u>
19a. DATE OF OPERATION <u>10-3-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>acute Capulo fracture left hip</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at her home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Harrison Scotland Mo</u>		99	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 29-49 4P m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall on floor</u>			
22. I hereby certify that I attended the deceased from <u>9-29</u> , 19 <u>49</u> to <u>Nov 9</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov 7</u> , 19 <u>49</u> , and that death occurred at <u>7 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>F. M. Johnson M.D.</u> (Degree or title)				23b. ADDRESS <u>Gorin Mo</u>		23c. DATE SIGNED <u>Nov-17-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov 12-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memphis</u>		24d. LOCATION (City, town, or county) (State) <u>Memphis Mo</u>		99
DATE REC'D BY LOCAL REG. <u>11/12/49</u>		REGISTRAR'S SIGNATURE <u>W. A. Baker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gerth Backett</u> ADDRESS <u>Memphis</u>			

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

99  
0  
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RECEIVED

DEC 5 19

District Health Officer M

District File Number 12-49

Date Filed DEC 5

**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 Fred Leath

Licensed Embalmer No. 4256

P. O. Address Memphis

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.