

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41575

FILED JAN 16 1950

BIRTH NO. 26758-49 REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 3037 Registrar's No. 284

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—55335

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Mt Vernon</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Mt Vernon</u>	
c. LENGTH OF STAY (in this place) <u>lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>no 2 North Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>no 2 North Main</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Donna</u> b. (Middle) <u>Fay</u> c. (Last) <u>Bartley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 11-1949</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	
8. DATE OF BIRTH <u>April 30-1949</u>		9. AGE (in years last birthday) <u>0</u> <u>7</u> <u>11</u>		IF UNDER 1 YEAR Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <u>Monett, Mo.</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Donald L Bartley</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Jean Cooper</u>		14. NAME OF HUSBAND OR WIFE	
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'S SIGNATURE OR NAME <u>Donald Bartley</u> ADDRESS <u>Mt Vernon 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>89210</u> <u>18</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE <u>Strangled on nursing bottle</u>		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 11 1949 7 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Strangled while nursing bottle in eye alone at the time</u>	

22. I hereby certify that I attended the deceased from birth, 19___, to ___/___/19___, that I last saw the deceased alive on ___/___/19___, and that death occurred at apt. 7A, from the causes and on the date stated above.

23a. SIGNATURE <u>P. W. Adams</u> (Degree or title) <u>A. M. D.</u>		23b. ADDRESS <u>Mt Vernon Mo</u>		23c. DATE SIGNED <u>12-12-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec-13-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Mt Vernon Mo</u>	

DATE REC'D BY LOCAL REG. <u>Jan. 10, 1950</u>		REGISTRAR'S SIGNATURE <u>Cecil Handicks</u> <u>411</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Max L. Fossett</u> ADDRESS <u>Mt Vernon Mo</u>	
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RECEIVED JAN 11 1950
District Health Office No. 6,
District File Number 150-85
Date Filed 1-11-50

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 Max L Fossett

Licensed Embalmer No. 4252

P. O. Address Witchman, 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.