

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43558**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **372** PRIMARY REG. DIST. NO. **6263** Registrar's No. **29**

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

1. PLACE OF DEATH a. COUNTY <b>Webster</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Webster</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Tinley Iron</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Seymour Rt 2</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>110</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R</b>		e. STREET ADDRESS (If rural, give location) <b>110</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Nethin</b> c. (Last) <b>Bartley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12 18 49</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>July 28 1868</b>		9. AGE (In years last birthday) <b>81</b>		IF UNDER 1 YEAR Months Days <b>11 0</b>	
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		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Wright</b>		14. NAME OF HUSBAND OR WIFE <b>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. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Harold Bartley Seymour Mo.</b>	

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) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 wks</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Arteriosclerosis</b>		<b>1 yr</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <b>Coronary thrombosis</b>		<b>3 wks</b>	

19a. DATE OF OPERATION		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 **Nov 30, 1949**, to **Dec 18, 1949**, that I last saw the deceased alive on **Dec 17, 1949**, and that death occurred at **11:54 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. R. Gill D.O.</b> (Degree or title)		23b. ADDRESS <b>Seymour Mo.</b>		23c. DATE SIGNED <b>12/28/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-30-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Seymour</b>	
24d. LOCATION (City, town, or county) (State) <b>Seymour Mo.</b>		24e. FUNERAL DIRECTOR'S SIGNATURE <b>Kelly Ferrell Bergman</b>		24f. ADDRESS <b>Seymour Mo.</b>	

DATE REC'D BY LOCAL REG. <b>1-9-50</b>		REGISTRAR'S SIGNATURE <b>Elbert Jones 343</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Kelly Ferrell Bergman</b>	
ADDRESS <b>Seymour Mo.</b>					

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 10 1950  
District Health Office No. 6,  
District File Number 150-49  
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. Miles*

Licensed Embalmer No. 4720

P. O. Address \_\_\_\_\_

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.