

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 7 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 284 PRIMARY REG. DIST. NO. 3056 Registrar's No. 183

1. PLACE OF DEATH a. COUNTY <u>RANDOLPH</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>RANDOLPH</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MOBEELY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MOBEELY</u> <u>1883</u>	
c. LENGTH OF STAY (In this place) <u>50 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>713-S-Sixth St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>713 So. 6 St.</u>			

3. NAME OF DECEASED (Type or Print) <u>BIRDIE</u>	a. (First)	b. (Middle)	c. (Last) <u>BARTLETT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July-26-1950</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>COL.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC-28-1880</u>	9. AGE (In years last birthday) <u>69</u>	10. MONTHS <u>6</u>	11. DAYS <u>28</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>ALBERT WEISS</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>CHARLES BARTLETT 713 S. SIX</u>
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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>Charles Bartlett</u> ADDRESS <u>713 S 6th</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</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.			<u>4201</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 May 26, 1950, to May 26, 1950, that I last saw the deceased alive on May 26, 1950, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Willie Leming M.D.</u> (Degree or title)	23b. ADDRESS <u>MOBEELY, MO</u>	23c. DATE SIGNED <u>Aug 28 '50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7/29/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>	24d. LOCATION (City, town, or county) (State) <u>MOBEELY, MO</u>
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DATE REC'D BY LOCAL REG. <u>7/29/50</u>	REGISTRAR'S SIGNATURE <u>Paul Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert D. Carr</u> ADDRESS <u>305 Bedford St MOBEELY MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUL 31 1950  
District Health Officer No. 10  
District File Number 8-50-1254  
Date Filed AUG 4 1950

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 Robert L. Carr

Licensed Embalmer No. 3190

P. O. Address Moberly 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.