

FILED NOV 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33963

BIRTH NO. _____ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 5623 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY KNOX		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____	
b. CITY OR TOWN LOCUST HILL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LOCUST HILL - SALT RIVER TWP.	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE		d. STREET ADDRESS (If rural, give location) 0570	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) THOMAS c. (Last) BARTLOW		4. DATE OF DEATH (Month) (Day) (Year) OCT. 24. 1950	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 9. 1881
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	11. BIRTHPLACE (State or foreign country) ADAIR CO. MISSOURI
10b. KIND OF BUSINESS OR INDUSTRY RETIRED FARMER		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOHN W. BARTLOW		13b. MOTHER'S MAIDEN NAME PERLEY SMITH	14. NAME OF HUSBAND OR WIFE BESSIE JANE CONDER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS BESSIE J. BARTLOW - HURDLAND MO.
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) Myocardial Insufficiency 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. 4225	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE 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 Oct 24 , 19 50 , to Oct 24 , 19 60 , that I last saw the deceased alive on Oct 24 , 19 50 , and that death occurred at 4 P m., from the causes and on the date stated above.			
23a. SIGNATURE E. O. Holmes D.O. (Degree or title)		23b. ADDRESS Novelty Mo.	23c. DATE SIGNED Oct 27 1960
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT 26 1950	24c. NAME OF CEMETERY OR CREMATORY MT. TABOR	24d. LOCATION (City, town, or county) (State) 7 1/2 MI. S. HURDLAND MO.
DATE REC'D BY LOCAL REG. Oct-22-50	REGISTRAR'S SIGNATURE W. S. Hunt	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geob Easley, Hurdland Mo.	

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

1570

Date Received: OCT 26 1950
DISTRICT HEALTH OFFICE #2
District File Number 10-50-179
Date Filed: OCT 31 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 Geo B. Casley Jr.

Licensed Embalmer No. 3755

P. O. Address Hurdland 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.