

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39775

FILED JAN 4 1951

BIRTH NO. _____		REG. DIST. NO. <u>27</u>		PRIMARY REG. DIST. NO. <u>3005</u>		Registrar's No. <u>120</u>		
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Charlotte - Twp.</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. # 4</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Foster</u> c. (Last) <u>Bartlett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-27-50</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 24, 1897</u>		
9. AGE (In years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Luther Bartlett</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Thomas</u>		14. NAME OF HUSBAND OR WIFE <u>Ruby Bartlett</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruby Bartlett - Butler, 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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General peritonitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Perforated Bowel</u> DUE TO (c) <u>from a fall x</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Incarcerated post-operative ventral hernia abdomen</u>					INTERVAL BETWEEN ONSET AND DEATH <u>670 30</u> <u>20</u> <u>36 hrs.</u>	
19a. DATE OF OPERATION <u>12/27/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Exploratory - Laparotomy</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Butler Bates, Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-26-50 11 p.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>slipped & fell over fence wire</u>				
22. I hereby certify that I attended the deceased from <u>Dec 26, 1950</u> , to <u>Dec 27, 1950</u> , that I last saw the deceased alive on <u>Dec 27, 1950</u> , and that death occurred at <u>6:45 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Carter W. Luter M.D.</u>				23b. ADDRESS <u>Butler, Mo</u>		23c. DATE SIGNED <u>12/29/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 30, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morris Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bates Co., Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Dec 29-50</u>		REGISTRAR'S SIGNATURE <u>Randal K... 17</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calvin Underwood Butler, Mo</u>				

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

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RECEIVED /-3-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed /-3-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Harace K. Hill

Signed.....
Student Embalmer

Licensed Embalmer No. 4743

P. O. Address Butler, Missouri

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.