

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41122

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 467

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b> <u>0484</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Independence Sanitarium</b>		d. STREET ADDRESS (If rural, give location) <b>1609 Appleton</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>HENRY</b>	b. (Middle) <b>C. F.</b>	c. (Last) <b>BARTELS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 1, 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 13, 1872</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Month <b>10</b>	IF UNDER 1 YEAR Days <b>18</b>	IF UNDER 1 YEAR Hours <b></b>	IF UNDER 1 YEAR Min. <b></b>
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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	11. BIRTHPLACE (State or foreign country) <b>Concordia, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Bartels</b>	13b. MOTHER'S MAIDEN NAME <b>Marie ?</b>	14. NAME OF HUSBAND OR WIFE <b>Ella F. Bartels</b>
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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) <b>No.</b>	16. SOCIAL SECURITY NO. <b>No.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ella F. Bartels</b>	ADDRESS <b>Independence, Mo.</b>
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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 <b>8 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia - lobar</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DOES TO (b) Fracture of hip -</b> <b>DOES TO (c) Atherosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>3 mos ±</b> <b>years</b> <b>3 (10 20)</b>

19a. DATE OF OPERATION <b>9-17-50</b>	19b. MAJOR FINDINGS OF OPERATION <b>Intertrochanteric fracture of femur</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/> ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Independence, Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>9-16-1950 m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fall in own home</b>
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22. I hereby certify that I attended the deceased from 9-16-50, 1950, to 12-1-50, 1950, that I last saw the deceased alive on 12-1-50, 1950, and that death occurred at 7:50A m., from the causes and on the date stated above.

23a. SIGNATURE <b>R.F. Garmus</b>	(Degree or title) <b></b>	23b. ADDRESS <b>Independence, Mo.</b>	23c. DATE SIGNED <b>12/2/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 3-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Fairview, Missouri</b>
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DATE REC'D BY, LOCAL REG. <b>Dec. 2, 1950</b>	REGISTRAR'S SIGNATURE <b>Amo A. [Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Roland R. Speaks</b>	ADDRESS <b>Independence, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 1 2 RECD

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. 52-11-9

Signed \_\_\_\_\_  
Student Embalmer

Signed Stanley M. Seaton

Licensed Embalmer No. 4504

P. O. Address Kansas City 3, Miss

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.