

FILED APR 13 1951

STANDARD CERTIFICATE OF DEATH

State File No. 7683

01403

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton 0140	
c. LENGTH OF STAY (In this place) 5 Days		d. STREET ADDRESS (If rural, give location) R. F. D. # 5	
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway			

3. NAME OF DECEASED (Type or Print) a. (First) Stella	b. (Middle) Bartley	c. (Last) Bartley	4. DATE OF DEATH (Month) (Day) (Year) April 6 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 8, 1886	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 8 Days 28	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Same Home	11. BIRTHPLACE (State or foreign country) Callaway Co, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James B. Holmes	13b. MOTHER'S MAIDEN NAME Mary Jane Reed	14. NAME OF HUSBAND OR WIFE Allen B. Bartley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 170 (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Allen B. Bartley	ADDRESS Fulton, MO R.R.#5
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Block		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auricular Fibrillation DUE TO (c) Myocardial Degeneration		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		10ms	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from Nov 1950, to April 6, 1951, that I last saw the deceased alive on April 1951, and that death occurred at 11:24 a.m., from the causes and on the date stated above.

23a. SIGNATURE John J. Brown MD	(Degree or title)	23b. ADDRESS Fulton	23c. DATE SIGNED 4-7-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 8, 1951	24c. NAME OF CEMETERY OR CREMATORY Hillcrest	24d. LOCATION (City, town, or county) (State) Fulton Missouri
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DATE REC'D BY LOCAL REG April 7, 1951	REGISTRAR'S SIGNATURE Maretha Lawrence	426	25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home, Fulton, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

APR 10 1951

RECEIVED

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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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Fulton, 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.