

FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9600

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>279</u>		PRIMARY REG. DIST. NO. <u>4415</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Pike</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksville Mo</u>		c. LENGTH OF STAY (In this place) <u>73 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksville</u>		0820	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Dr. Ezekiel</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dr. Ezekiel</u>		b. (Middle) <u>Meriell</u>		c. (Last) <u>Bartlett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 15 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 23, 1877</u>	
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>M.D. Doctor</u>		11. BIRTHPLACE (State or foreign country) <u>Pike County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Esau Bartlett</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Field</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle Bartlett</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>World War One</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. C. M. Bartlett Clarksville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> <u>4/20/</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clarksville Pike Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>Sept. 1, 1950</u> , to <u>Mar. 15, 1951</u> , that I last saw the deceased alive on <u>Mar. 15, 1951</u> , and that death occurred at <u>11:45 A.M.</u> , from the causes and on the date stated above.							
23. SIGNATURE <u>John H. Hooker, M.D.</u> (Sign as title)				23b. ADDRESS <u>Clarksville, Mo.</u>		23c. DATE SIGNED <u>3-16-51</u>	
24a. BURIAL/CREMATION <u>Burial</u>		24b. DATE <u>Mar. 17, 1951</u>		24c. NAME OF CEMETERY OR CREMATORIUM <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>Clarksville Missouri</u>	
25. DEATH REC'D BY LOCAL REG. <u>March 20 - 1951</u>		REGISTRAR'S SIGNATURE <u>Lester Richard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. A. Brown</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: MAR 22 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-51-59
Date Filed: MAR 23 1951

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.

Signed _____

W. Brown

Signed _____

Student Embalmer

Licensed Embalmer No. *2648*

P. O. Address *Clarksville 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.