

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15723
State File No.

FILED JUN 1 1951

BIRTH NO. 27969-51 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 221

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Wagon</u>	
b. CITY OR TOWN <u>Poplar Bluff</u>		c. CITY OR TOWN <u>Piedmont</u> 1110	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DOCTOR'S HOSPITAL</u>			

3. NAME OF DECEASED a. (First) <u>TERLIS</u> b. (Middle) <u>JEANETTE</u> c. (Last) <u>BARTCH</u>			4. DATE OF DEATH <u>MAY 17 1951</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	
8. DATE OF BIRTH <u>MAY 17, 1951</u>		9. AGE (in years last birthday) <u>0</u> Months <u>1</u> Days <u>1</u> Hours <u></u> Min. <u></u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>-</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Poplar Bluff, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>ERVIN EARL BARTCH</u>		13b. MOTHER'S MAIDEN NAME <u>Wilma JEAN FALKNER</u>		14. NAME OF HUSBAND OR WIFE <u>Ervin Earl Bartch</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ervin Earl Bartch</u> ADDRESS <u>Piedmont</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chernature Infant 5 Mo</u>		INTERVAL BETWEEN ONSET AND DEATH	
		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.			

19a. DATE OF OPERATION <u>776X</u>		19b. MAJOR FINDINGS OF OPERATION <u>776X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) <u></u> (COUNTY) <u></u> (STATE) <u></u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u></u>	

22. I hereby certify that I attended the deceased from 5-14-1951, to 5-17-1951, that I last saw the deceased alive on 5-17-51, and that death occurred at 6:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u></u>		23b. ADDRESS <u>Wagon, Butler Co, MO</u>		23c. DATE SIGNED <u>5/17/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 19, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Muncie</u>	
24d. LOCATION (City, town, or county) <u>NEAR: Piedmont, MO</u>		24e. (State) <u>MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman W. Rich</u> ADDRESS <u>Piedmont</u>	
DATE REC'D BY LOCAL REG. <u>May 23 1951</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> 428		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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

24
0

This body was not embalmed.

RECEIVED

MAY 29 1981

BUTLER CO. HEALTH CENTER

FILE No. 551-737

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.....

Licensed Embalmer No.....

P. O. Address.....

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.