

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20223

BIRTH NO.		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>70</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>		c. LENGTH OF STAY (in this place) <u>1 WK</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>		0411 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethany Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>S. 15th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u> b. (Middle) <u>Jane</u> c. (Last) <u>Bartlett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-6-1952</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1-30-1898</u>	
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Harrison Co. Missouri</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Henry C. Bacon</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Kincaid</u>		14. NAME OF HUSBAND OR WIFE <u>Rodie Bartlett</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE, OR NAME ADDRESS <u>Rodie Bartlett Bethany Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Arteriosclerotic and rheumatic cardio-vascular disease with auricular fibrillation</u> DUE TO (c) <u>Hypostatic pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u> <u>5 years</u> <u>4 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4 2 2 1</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
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?			
22. I hereby certify that I attended the deceased from <u>7-29</u> , 19 <u>51</u> , to <u>6-6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6-6</u> , 19 <u>52</u> , and that death occurred at <u>10:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Leonard R. Lee</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Bethany, Mo.</u>		23c. DATE SIGNED <u>6-6-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-9-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Miriam</u>		24d. LOCATION (City, town, or county) (State) <u>Bethany Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6/10/52</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.B. Jones Bethany Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

M. S. Hester

Licensed Embalmer No. 3899

P. O. Address Bethany 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.