

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **32558**

FILED SEP 16 1952

BIRTH NO. _____ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **4430** Registrar's No. **107**

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) Crocker, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) Crocker, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Ernest E b. (Middle) Earl c. (Last) Bartlett		4. DATE OF DEATH (Month) (Day) (Year) Sept. 12, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 23, 1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 45 If under 1 year: Months 11 Days 19 If under 12 mos. Hours 0 Mins. 0
11. BIRTHPLACE (State or foreign country) Crocker, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Thomas Bartlett		13b. MOTHER'S MAIDEN NAME Alwerot Omega Kelso		14. NAME OF HUSBAND OR WIFE Wilma Bartlett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Wilma Bartlett Crocker, Missouri	

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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 4 hrs.	
2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		3. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Aug. 1942, to Sept. 12, 1952, that I last saw the deceased alive on Sept. 12, 1952, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE John A. Michalovich D.O.		23b. ADDRESS Crocker, Mo.		23c. DATE SIGNED 9-12-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 14, 1952		24c. NAME OF CEMETERY OR CREMATORY Crocker Cemetery	
24d. LOCATION (City, town, or county) (State) Crocker, Missouri					

DATE REC'D BY LOCAL REG. 9-13-52		REGISTRAR'S SIGNATURE Eula Mae Anderson		25. FUNERAL DIRECTOR'S SIGNATURE Hedger Funeral Home Crocker, Mo.	
--	--	---	--	---	--

(Licensed Embalmer's Statement of Reverse Side)

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

850

Date Filed 9-13-52
Number

RECEIVED 9-13-52
County Health Officer

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.

Signed _____

C. Lawrence Thross

Signed _____
Student Embalmer

Licensed Embalmer No. 4226

P. O. Address *Waynesville, N.C.*

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.