

S. No. 300  
v. 10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39276

State File No. ....

FILED NOV 20 1952

BIRTH NO.		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>105</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon Missouri</u>		c. LENGTH OF STAY (in this place) (township) <u>5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Crocker, Missouri 0850</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Long's Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>Missouri</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u>			b. (Middle) <u>Salmon</u>		c. (Last) <u>Bartlett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4, 1952</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>May 9, 1882</u>		9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>25</u>	IF UNDER 2 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Roger, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Bartlett</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Burnett</u>		14. NAME OF HUSBAND OR WIFE <u>Alvert O'ameda Bartlett</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert O'ameda Bartlett Crocker, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>					<u>YES</u>
		DUE TO (c) <u></u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>AUG</u> , <u>1946</u> , to <u>NOV 4</u> , <u>1952</u> , that I last saw the deceased alive on <u>NOV 2</u> , <u>1952</u> and that death occurred at <u>12:00 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John A. Michalovich D.O.</u>				23b. ADDRESS <u>Crocker 222</u>		23c. DATE SIGNED <u>11-5-52</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 6/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crocker Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Crocker, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>11-7-1952</u>		REGISTRAR'S SIGNATURE <u>Wella L. Mayo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter General Home Crocker, Mo.</u>			

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

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11-52-158  
NOV 18 1952  
S. S. S. S. S.

**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. 4265

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.