

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41391

State File No.

FILED DEC 1. 1952

BIRTH NO. ... REG. DIST. NO. 379 ... PRIMARY REG. DIST. NO. 4552 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Mtn Grove, Mo</u>		c. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Mtn Grove, Mo</u>	
c. LENGTH OF STAY (In this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>South Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Main</u>			

3. NAME OF DECEASED (Type or Print) <u>James</u> <u>Albert</u> <u>Bartholow</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 20, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 17, 1872</u>
9. AGE (In years last birthday) <u>80</u>	10. MONTHS <u>2</u>	11. DAYS <u>3</u>	12. HOURS <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>James M. Bartholow</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Ann Hickman</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Bartholow</u>
		ADDRESS <u>Mtn Grove</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 Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Coronary Sclerosis</u> 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.		INTERVAL BETWEEN ONSET AND DEATH
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)
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 Nov 20, 1952, to Nov 20, 1952, that I last saw the deceased alive on Nov 20, 1952, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Seaton W. Chamberlain M.D.</u>	23b. ADDRESS <u>Mountain Grove, Mo</u>	23c. DATE SIGNED <u>11/22/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 24-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>
24d. LOCATION (City, town, or county) (State) <u>Mtn Grove, Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Barbara Ann Stone</u>	
DATE REC'D BY LOCAL REG. <u>11-22-52</u>	REGISTRAR'S SIGNATURE <u>A.C. Ames</u>	348-0

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

WRIGHT CO. HEALTH DEPT.
County File Number 1157-134
Date Filed 11-29-57

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 _____

Robert Boole

Licensed Embalmer No. 3848

P. O. Address *Mt. Grove, Pa.*

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.