

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42501

State File No. ....

No. 300  
10. 48

JAN 6 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 514

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u> c. LENGTH OF STAY (In this place) <u>2 1/2 mos.</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u> <u>0425</u>                               |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Indep. SANITARIUM</u>   |  | d. STREET ADDRESS (If rural, give location) <u>515 EAST KANSAS</u>   |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>ELIA</u> b. (Middle) <u>F.</u> c. (Last) <u>BARTELS</u> |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 16, 1952</u> |   |  |
| 5. SEX <u>Female</u>   |  | 6. COLOR OR RACE <u>White</u>                     |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>         |  |
| 8. DATE OF BIRTH <u>Dec. 13, 1875</u>  |  | 9. AGE (In years last birthday) <u>77</u>         |  | 10. IF UNDER 1 YEAR: Months <u>0</u> Days <u>4</u>                            |  |
| 10a. 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>Domestic</u> |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>WARREN Co. Missouri</u> |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>   |  |   |  |   |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Charles SHERMAN</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> |  | 14. NAME OF HUSBAND OR WIFE <u>HENRY C. F. BARTELS</u>                            |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service) |  | 16. SOCIAL SECURITY NO. <u>None</u>      |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. ELIA REA LARUE - Indep. Mo.</u> |  |

|  |  |  |  |  |                                  |
|--|--|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION  |  |  | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the stomach</u>   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____          |  |  | 151X                             |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition &amp; Cachexia</u> |  |  |                                  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>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 6/7, 1952 to 12/16, 1952 that I last saw the deceased alive on 12/16, 1952 and that death occurred at 7:30 P.M., from the causes and on the date stated above.

|  |  |                                     |  |                                  |  |
|--|--|-------------------------------------|--|----------------------------------|--|
| 23a. SIGNATURE <u>Edward B. Galton, M.D.</u> (Degree or title) |  | 23b. ADDRESS <u>Independence Mo</u> |  | 23c. DATE SIGNED <u>12/19/52</u> |  |
|--|--|-------------------------------------|--|----------------------------------|--|

|   |  |                                |  |  |  |   |  |
|---|--|--------------------------------|--|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> |  | 24b. DATE <u>Dec. 19, 1952</u> |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Sweet Springs Cem.</u> |  | 24d. LOCATION (City, town, or county) (State) <u>Sweet Springs, Mo.</u> |  |
|---|--|--------------------------------|--|--|--|---|--|

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>12-19-52</u> |  | REGISTRAR'S SIGNATURE <u>[Signature]</u> |  | FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Indep</u> |  |
|--|--|--|--|--|--|

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 Wayne H. Hallemar

Licensed Embalmer No. 4627

P. O. Address Indep. 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.