

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5431

State File No. 196

FILED FEB 24 1953

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 196	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (In this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Springfield, Campbell Twsp. 0390			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Springfield Baptist Hospital				d. STREET ADDRESS (If rural, give location) Springfield R.F.D. # 9			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM			b. (Middle) CHARLES		c. (Last) BARTELL		4. DATE OF DEATH (Month) (Day) (Year) Feb. 19, 1953
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 26 Sept. 1892	9. AGE (In years last birthday) 60	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Commercial Artist		10b. KIND OF BUSINESS OR INDUSTRY Gen. Artist		11. BIRTHPLACE (City and State or Foreign Country) Cleveland, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME August Bartell		13b. MOTHER'S MAIDEN NAME Caroline Damrau		14. NAME OF HUSBAND OR WIFE Dorothy Bartell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W. I		16. SOCIAL SECURITY NO. 217-05-3954		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Dorothy Bartell, R.F.D. # 9, Springfield, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis localized ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) perforation Artificial Urinary Bladder DUE TO (c) pressure Necrosis of Intestine II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Enterterostomy for Splanchnic Carcinoma Rectum INTERVAL BETWEEN ONSET AND DEATH 10 days 10 days 4 years					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" 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 2-10, 1953, to 2-19, 1953, that I last saw the deceased alive on 2-19-53, 19, and that death occurred at 4:20 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Thomas E. Ashley M.D.				23b. ADDRESS 500 Ballard Bldg Springfield, Mo		23c. DATE SIGNED 2-19-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 23 Feb. 1953		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Missouri.	
DATE REC'D BY LOCAL REG. 3-20-53		REGISTRAR'S SIGNATURE Fred C. Thier		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Springfield, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 27 1954

MAR 2 1955

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 Ralph H. Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri

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.