

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10751

State File No.

FILED APR 1 1953
BIRTH NO. REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5836 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri		b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) Rural		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Neosho 0732	
d. FULL NAME OF HOSPITAL OR INSTITUTION Neosho Twp.		d. STREET ADDRESS 820 Young St.			
3. NAME OF DECEASED (Type or Print) Henry		a. (First) G.		b. (Middle) C.	
		c. (Last) Bartelmei		4. DATE OF DEATH Mar. 3, 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
		8. DATE OF BIRTH Nov. 27, 1869		9. AGE (In years last birthday) 83	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY High School		11. BIRTHPLACE (City and State or Foreign Country) Germany	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Carl Bartelmei		13b. MOTHER'S MAIDEN NAME	
14. NAME OF HUSBAND OR WIFE		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 Mrs. Herman Patton, Neosho Mo.		ADDRESS R3			
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) <u>Lobar Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u> ANTECEDENT CAUSES DUE TO (b) <u>Senility (B)</u> DUE TO (c) 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 <u>490X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, 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>10-24</u> , 1952, to <u>3-3</u> , 1953, that I last saw the deceased alive on <u>3-3</u> , 1953, and that death occurred at <u>4:40 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Melvin M. Cullough</u>		(Degree or title) <u>San. Ex. Bldg. Neosho Mo.</u>		23b. ADDRESS <u>Neosho Mo.</u>	
23c. DATE SIGNED <u>3-7-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>3-6-1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Dwlsley</u>		24d. LOCATION (City, town, or county) (State) <u>Newton County Missouri</u>			
DATE REC'D BY LOCAL REG. <u>3-24-53</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dorley Thompson Jr.</u>	
		ADDRESS <u>Neosho Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 352-61

Date Filed MAR 31 1953

NEOSHO, MISSOURI

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

Barney Thompson Jr.

Licensed Embalmer No. 48610

P. O. Address

Neosho, 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.