No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13294

FILED MAY 4 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 491

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1727 St. Joseph Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 1727 St. Joseph Ave. 0

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): C
c. (Last): BARTRAM

4. DATE OF DEATH (Month) (Day) (Year): April 24 1953

5. SEX: Male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 0
8. DATE OF BIRTH: April 5 1937
9. AGE (In years last birthday): 16 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): student
10b. KIND OF BUSINESS OR INDUSTRY: Jr. High School
11. BIRTHPLACE (City and State or Foreign Country): St. Joseph Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Porter Bartram
13b. MOTHER'S MAIDEN NAME: Doris Mozingo
14. NAME OF HUSBAND OR WIFE: none

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: Porter Bartram — ADDRESS: St. Joseph 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hodgkins Disease approx 2 yr — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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. 201X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Biopsy 5-28-52 → Hodgkins Granuloma from Neck
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-19, 1952 *to* 4-24, 1953, *that I last saw the deceased alive on* 4-23, 1953, *and that death occurred at* 9:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 0
23b. ADDRESS: 316 No 10th City
23c. DATE SIGNED: 4-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Apr. 27, 1953
24c. NAME OF CEMETERY OR CREMATORY: Maple Grove Cemetery
24d. LOCATION (City, town, or county) (State): Oregon Missouri

DATE REC'D BY LOCAL REG.: April 30, 1953
REGISTRAR'S SIGNATURE: Esther M. Allison 483
25. FUNERAL DIRECTOR'S SIGNATURE: Stamey Funeral Home — ADDRESS: St. Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 22 1953

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 Charles E. Benson

Licensed Embalmer No. 4677

P. O. Address St. Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.