

Dr. Bartlett

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18854**

FILED JUN 4 1953 REG. DIST. NO. *272* PRIMARY REG. DIST. NO. *4603* Registrar's No. *28*

*780
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <i>Cass</i>		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cass</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Steele</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Steele</i>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Batey</i>	b. (Middle) <i>Anderson</i>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <i>5-29-53</i>
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5. SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>12-8-1874</i>	9. AGE (In years last birthday) <i>78</i>	10. MONTHS <i>5</i>	11. DAYS <i>11</i>	12. HOURS <i>11</i>	13. MIN. <i>11</i>
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10a. USUAL OCCUPATION (Give kind of work done for the most of working life, even if retired) <i>House Work</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Callaway Ky</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Thomas Rain</i>	13b. MOTHER'S MAIDEN NAME <i>Margaret Robinson</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Otto Wimmer</i>	18. ADDRESS <i>Steele Mo</i>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Respiratory failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 hrs.</i> <i>14 mo.</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <i>C.A. of Lungs</i> rise to the above cause (a) stating the underlying cause last.		
	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 <i>163x</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *March 1953* to *29 May 1953*, that I last saw the deceased alive on *29 May 1953*, and that death occurred at *12:45 PM* from the causes and on the date stated above.

23a. SIGNATURE <i>Robert Bartlett</i>	(Degree or title) <i>D.O.</i>	23b. ADDRESS <i>Steele Mo</i>	23c. DATE SIGNED <i>2 June 53</i>
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24a. BURIAL CREMATION REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>5-31-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mt Zion</i>	24d. LOCATION (City, town, or county) (State) <i>Steele Mo</i>
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DATE REC'D BY LOCAL REG. <i>6-1-53</i>	REGISTRAR'S SIGNATURE <i>A. W. Wimmer</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>German Undert Co.</i>	ADDRESS <i>Steele Mo</i>
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6-187-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JUN 2 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John A. German

Signed.....

Student Embalmer

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.