

FILED SEP 15 1953

STANDARD CERTIFICATE OF DEATH

State File No. 27649

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5062 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY OR TOWN Purdy Twp.		c. CITY (If outside corporate limits, write RURAL and give township) 0050	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R. Purdy		d. STREET ADDRESS (If rural, give location) R.R. Purdy	
3. NAME OF DECEASED (Type or Print) a. (First) Racheal b. (Middle) Lovina c. (Last) Bartmess		4. DATE OF DEATH (Month) Aug. (Day) 17, (Year) 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 9, 1879
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Crane, Missouri
10b. KIND OF BUSINESS OR INDUSTRY Homemaking		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Wm. Hemphill		13b. MOTHER'S MAIDEN NAME Mary Roaland	
13c. NAME OF HUSBAND OR WIFE Joe Bartmess		14. NAME OF HUSBAND OR WIFE Joe Bartmess	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Joe Bartmess		ADDRESS Purdy, Missouri	
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) Typhemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Carcinomatosis DUE TO (c) Carcinoma w. metastases II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 154X	
19a. DATE OF OPERATION June 1953		19b. MAJOR FINDINGS OF OPERATION As above. Operated at State Cancer hospital	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20. INTERVAL BETWEEN ONSET AND DEATH 3 months	
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 May 27, 1953 , to Aug 17, 1953 that I last saw the deceased alive on Aug 13, 1953 , and that death occurred at 10:26 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE William A. Miesel (Degree or title)		23b. ADDRESS Cassville, Mo.	
23c. DATE SIGNED 8-19-53		23d. NAME OF CEMETERY OR CREMATORY Viney Cemetery	
23e. LOCATION (City, town, or county) (State) Barry Co. Missouri		23f. DATE REC'D BY LOCAL REG. 8-31-53	
23g. REGISTRAR'S SIGNATURE Katherine Henderson		23h. FUNERAL DIRECTOR'S SIGNATURE Elmer Light	
23i. ADDRESS Cassville, Mo.		23j. ADDRESS	

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

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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 Elmo E. Tipton

Licensed Embalmer No. 4817

P. O. Address Casville, 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.