

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42754**

5974

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jasper

b. CITY OR TOWN Kansas City c. LENGTH OF STAY (in this place) 1 day

c. CITY OR TOWN Joplin Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION K. C. Tuberculosis Hospital e. STREET ADDRESS (If rural, give location) 1807 East 15th Street

3. NAME OF DECEASED (First) Edgar b. (Middle) Bartholomew c. (Last) _____ 4. DATE OF DEATH (Month) (Day) (Year) 12 - 21 - 1953

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Oct. 11, 1918 9. AGE (In years last birthday) 35 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) Neck City, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George B. Bartholomew 13b. MOTHER'S MAIDEN NAME Emma Tuck 14. NAME OF HUSBAND OR WIFE Elsie Bartholomew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) no (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. - 17. INFORMANT'S SIGNATURE OR NAME T. B. Hospital ADDRESS K. C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)
19. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) _____ 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 12-21, 1953, to 12-21, 1953, that I last saw the deceased alive on 12-21, 1953, and that death occurred at 10:04 a.m., from the causes and on the date stated above.

23a. SIGNATURE Edward P. Altomare (Degree or title) _____ 23b. ADDRESS K. C. T. B. Hosp. 23c. DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 12/22/1953 24c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery 24d. LOCATION (City, town, or county) (State) Joplin, Missouri

DATE REC'D BY LOCAL REG. 12-22-53 REGISTRAR'S SIGNATURE Geraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE D. Newcomer ADDRESS Kansas City Mo.

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

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.....
Signature of Student Embalmer

Signed.....
Kellie Kessel

Licensed Embalmer No. 4690

P. O. Address K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.