

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1653

State File No.

BIRTH NO. FILED FEB 5 1954 REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4240 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE MO b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Blue Springs	c. LENGTH OF STAY (in this place) 10rs	c. CITY OR TOWN Blue Springs	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: 909 East Main		e. STREET ADDRESS (If rural, give location) 909 East Main 7000	

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) (-) c. (Last) Bartels			4. DATE OF DEATH (Month) (Day) (Year) Jan-18-1954		
5. SEX male	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 5 1898		9. AGE (In years last birthday) 55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Bld Contractor	11. BIRTHPLACE (City and State or Foreign Country) Concordia Mo		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Martin Bartels	13b. MOTHER'S MAIDEN NAME Martha Borgstadt	14. NAME OF HUSBAND OR WIFE Kathryn -
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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) No	16. SOCIAL SECURITY NO. 492-14-6572	17. INFORMANT'S SIGNATURE OR NAME Kathryn Bartels		ADDRESS Blue Springs Mo
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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.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 4 hrs
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute coronary occlusion	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) coronary sclerosis			?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c)			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 12-13, 1942, to 1-18, 1954, that I last saw the deceased alive on 1-18, 1954, and that death occurred at 10:05 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Merrill R. Baym, M.D.	23b. ADDRESS Blue Springs, Mo	23c. DATE SIGNED 1-18-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 20 1954	24c. NAME OF CEMETERY OR CREMATORY Blue Springs	24d. LOCATION (City, town, or county) (State) Blue Springs Mo
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DATE REC'D BY LOCAL REG. 1-22-54	REGISTRAR'S SIGNATURE W. B. Langford	25. FUNERAL DIRECTOR'S SIGNATURE Webb Funeral Home	ADDRESS Blue Springs Mo
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Accepted Embalmer's Statement on Reverse Side

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

JAN 6 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
A B Webb

Licensed Embalmer No. *23*

P. O. Address *Blue spr*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.