

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 19 1954

State File No. 15175

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5187 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <i>Missouri</i> b. COUNTY <i>Cape Girardeau</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Hubble</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Hubble</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Jackson Mo R 2</i>		d. STREET ADDRESS (If rural, give location) <i>Jackson Mo R # 2 0160</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Friedrick August</i> b. (Middle) _____ c. (Last) <i>Bartels</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>May 12 1954</i>		
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5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, () WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>July 29 1888</i>	9. AGE (In years last birthday) <i>65</i>	10. UNDER 1 YEAR Months <i>89</i> Days <i>13</i>	11. IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>William Bartels</i>	13b. MOTHER'S MAIDEN NAME <i>Wilhemine Lange</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. <i>no</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Anna Bartels</i> ADDRESS <i>Jackson Mo R 2</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>6.2 hrs.</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Ischaemic Corary</i>		
	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. _____			

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) <i>101 X</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from *May 9 - 1954*, to *May 12 - 1954*, that I last saw the deceased alive on *May 12 - 1954*, and that death occurred at *10:00 a. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>J. B. Ford M.D.</i>	23b. ADDRESS <i>Hordonsville Mo</i>	23c. DATE SIGNED <i>May 17 1954</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>May 14 1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Louis Lutheran</i>	24d. LOCATION (City, town, or county) (State) <i>Jackson Mo R 2</i>
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DATE REC'D BY LOCAL REG. <i>May 12-54</i>	REGISTRAR'S SIGNATURE <i>D. S. Lubbock</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>McCombs & Co</i> ADDRESS <i>Jackson Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

60

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

B. L. Meyer

Licensed Embalmer No. *305-1*

P. O. Address *Jackson 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.