

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23897

State File No.

FILED AUG 9 - 1954

0804

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3852 Registrar's No. 295

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>8 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>1507 South Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1507 South Missouri</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle) <u>Harold</u>	
c. (Last) <u>BARTLETT</u>		4. DATE OF DEATH (Month) <u>Aug.</u> (Day) <u>2</u> (Year) <u>1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 20, 1912</u>
9. AGE (In years last birthday) <u>42</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Warsaw, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Leslie Earl Bartlett</u>		13b. MOTHER'S MAIDEN NAME <u>Callie Johnston</u>	
14. NAME OF HUSBAND OR WIFE <u>Margaret Bates Bartlett</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes.</u> (If yes, give war or dates of service) <u>World War II</u>	
16. SOCIAL SECURITY NO. <u>487-10-5625</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Margaret Bartlett</u>	
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) <u>Acute coronary occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last.</u> DUE TO (b) <u>athro sclerosis coronary vessels</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		19. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u> <u>estimate 5 yrs.</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Warsaw, Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>Aug. 2, 1954</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>4201</u>		22. I hereby certify that I attended the deceased from <u>Aug. 2, 1954</u> to <u>Aug. 2, 1954</u> , that I last saw the deceased alive on <u>Aug. 2, 1954</u> and that death occurred at <u>12:30 AM</u> from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>David R. Edwards, M.D.</u>		23b. ADDRESS <u>Union Savings Bank Bldg. Sedalia, Mo.</u>	
23c. DATE SIGNED <u>8/2/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>8/4/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverside Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Warsaw, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Laura Cooney, Spitz</u>	
DATE REC'D BY LOCAL REG. <u>8/4/54</u>		25. ADDRESS <u>Sedalia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 9 19

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..... *R. E. Baker*

Licensed Embalmer No. *241*

P. O. Address *Sedalia*

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.