

26567

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 14 1954

No. 300  
10.48

0230

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 40 PRIMARY REG. DIST. NO. 4124 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kahoka</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kahoka Mo.</u>	
c. LENGTH OF STAY (in this place) <u>5 years</u>		d. STREET ADDRESS (If rural, give location) <u>119 Walnut St 0230</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosa</u> b. (Middle) <u>Ma</u> c. (Last) <u>Bartels</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-8-1954</u>	
5. SEX <u>F. W.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 24-1879</u>
9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>George Walker</u>	13b. MOTHER'S MAIDEN NAME <u>Ella McFee</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Bartels Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frank Bartels</u> ADDRESS <u>Kahoka Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Months</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANCEDECENT 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.		<u>Cerebral Hemorrhage several years ago</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) m.	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 <u>Jan 1953</u> , 19 <u>53</u> , to <u>Sept 8</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Sept 7</u> , 19 <u>54</u> , and that death occurred at <u>9:30</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Perry S. Bolton, D.O.</u>		23b. ADDRESS <u>Kahoka, Mo.</u>	23c. DATE SIGNED <u>9-9-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-10-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kahoka</u>	24d. LOCATION (City, town, or county) (State) <u>Kahoka Mo.</u>
DATE REC'D BY LOCAL REG. <u>9/11-54</u>	REGISTRAR'S SIGNATURE <u>JH Bridger 41-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Karla</u> ADDRESS <u>Kahoka Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 .....  
Student Embalmer

Signed Fred Karlle

Licensed Embalmer No. 1023

P. O. Address Hahoke 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.