

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38313

State File No.

FILED DEC 15 1954

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5940 Registrar's No. 221

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If location: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty Twp</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>S.E. of Hooker</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S.E. of Hooker</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Darius</u>	b. (Middle) <u>Bartram</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 4 1954</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr 14 - 1885</u>	9. AGE (In years last birthday) <u>69</u>	10. UNDER 1 YEAR <u>7</u>	11. UNDER 10 HRS. <u>20</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Knox Ind.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Sylvester Bartram</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Goff</u>	14. NAME OF HUSBAND OR WIFE <u>Oral Bartram</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>498-18-5334</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John J. Ray</u>	ADDRESS <u>409 Park St. Phelps, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u>
	ANTECEDENT CAUSES <u>+ Pulmonary edema</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>rheumatic heart disease</u> <u>calcular heart disease</u> 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? <u>1214</u> YES <input type="checkbox"/> NO <input 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)
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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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 1952 to Dec 4th 1954, that I last saw the deceased alive on Dec 4th 1954, and that death occurred at 2:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard P. Myers</u>	(Degree or title)	23b. ADDRESS <u>Newburg, Mo.</u>	23c. DATE SIGNED <u>Dec 5 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 7 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kalla</u>	24d. LOCATION (City, town, or county) (State) <u>Kalla Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 6, 1954</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	380	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Johnson</u>	ADDRESS <u>Newburg, Mo</u>
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(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

Lee Johnson

Licensed Embalmer No. 3392

P. O. Address Newburg Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.