No. 300
10-48

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1482

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 12

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

1. PLACE OF DEATH
a. COUNTY: JASPER 0492 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBB CITY
c. LENGTH OF STAY (in this place): 3 MO
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 734 SOUTH OAKLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: JASPER
c. CITY OR TOWN: WEBB CITY
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 734 OAKLAND 0492 0

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): F
c. (Last): BARTHELME

4. DATE OF DEATH (Month) (Day) (Year): JANUARY 29 1955

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: SEPTEMBER 29, 1873
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 4, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: RETIRED FARMER
11. BIRTHPLACE (City and State or Foreign Country): ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOSEPH BARTHELME
13b. MOTHER'S MAIDEN NAME: MARY WUNDERLICK
14. NAME OF HUSBAND OR WIFE:

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.:
17. INFORMANT'S SIGNATURE OR NAME: L.F. BARTHELME — ADDRESS: WEBB CITY, MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 6 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) cardiovascular renal disease — 3 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
auricular fibrillation
incomplete left bundle branch block

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 442X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-12, 1954, *to* 1-29, 1955, *that I last saw the deceased alive on* 1-16, 1955, *and that death occurred at* 8:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Ferguson O MD
23b. ADDRESS: 110 N Webb St Webb City Mo
23c. DATE SIGNED: 1/29/55

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: JANUARY 29, 1955
24c. NAME OF CEMETERY OR CREMATORY: MT OLIVE CEMETERY
24d. LOCATION (City, town, or county) (State): PARSONS, KANSAS

DATE REC'D BY LOCAL REG.: 1-29-'55
REGISTRAR'S SIGNATURE: Mrs Madeline Switzer 474
25. FUNERAL DIRECTOR'S SIGNATURE: CARSON FUNERAL HOME — ADDRESS: PARSONS, KANSAS

(Licensed Embalmer's Statement on Reverse Side)

Date Filed FEB 1 1955

APR 11 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leonard J. Lewis Jr.

Licensed Embalmer No. 456

P. O. Address Webb Ct

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