

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12425**
 BIRTH NO. _____ REG. DIST. NO. **164** PRIMARY REG. DIST. NO. **3032** Registrar's No. **39**

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg	
c. LENGTH OF STAY (in this place) 6 yrs.		d. STREET ADDRESS (If rural, give location) 608 S. College	
d. FULL NAME OF HOSPITAL OR INSTITUTION Murphy Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) IDA b. (Middle) JANE c. (Last) BARTHOLOMEW			4. DATE OF DEATH (Month) (Day) (Year) April 7 1955			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8 - 29 - 1862	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months Days	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaker		11. BIRTHPLACE (State or foreign country) Washington County, Penn.		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Thomas Meldoon	13b. MOTHER'S MAIDEN NAME Margaret McAdoo	14. NAME OF HUSBAND OR WIFE William Bartholomew
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Roy Bartholomew	ADDRESS 118 Houx Warrensburg, Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis		INTERVAL BETWEEN ONSET AND DEATH 4 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility		
	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **Sept 1950**, to **April 7, 1955**, that I last saw the deceased alive on **March 15, 1955**, and that death occurred at **11:30 PM**, from the causes and on the date stated above.

23a. SIGNATURE Walter P. Patterson - M.D. (Degree or title)	23b. ADDRESS 130 E. Hay St Warrensburg, Mo.	23c. DATE SIGNED 4-8-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-9-1955	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	24d. LOCATION (City, town, or county) (State) Warrensburg Missouri
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DATE REC'D BY LOCAL REG. Apr. 9, 1955	REGISTRAR'S SIGNATURE Savannah Critchfield	25. FUNERAL DIRECTOR'S SIGNATURE Sweeney-Phillips	ADDRESS Warrensburg, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

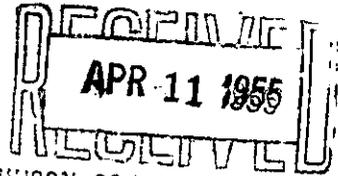
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300

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JOHNSON COUNTY HEALTH DEPT.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

P. L. Phillips

Signed.....
Student Embalmer

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.