

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19317

State File No.

FILED JUN 20 1955

REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4284 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Belle		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Belle 0560	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Roy Jackson b. (Middle) Bartholomew c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) June 14, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 30, 1882
9. AGE (In years last birthday) 73		10. MONTHS 2	11. DAYS 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Elvaston, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Andrew W. Bartholomew		13b. MOTHER'S MAIDEN NAME Minnie Dora Kirkpatrick	
14. NAME OF HUSBAND OR WIFE Bessie Mae Bartholomew		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Dorothy Bartholomew	
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) VIRUS INFECTION INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY DUE TO (c) 11. 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 type="checkbox"/>		--0969	
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) (Min.)	
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 MAY 24, 1955 , to JUNE 14, 1955 , that I last saw the deceased alive on JUNE 14, 1955 , and that death occurred at 6:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. V. Carter, M.D.		23b. ADDRESS La Belle Mo.	
23c. DATE SIGNED 6/15/55		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 6/16/1955		24c. NAME OF CEMETERY OR CREMATORY La Belle Cemetery	
24d. LOCATION (City, town, or county) (State) La Belle, Missouri		DATE REC'D BY LOCAL REG. 6-16-55	
REGISTRAR'S SIGNATURE P. W. Jennings, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Blader J. LaBelle, Mo.	
ADDRESS E. L. J.		(Licensed Embalmer's Statement on Reverse Side)	

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

OCT 23 1958

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 Meyers

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

J. L. Loder Jr.

Licensed Embalmer No. 4228

P. O. Address LaBelle, 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.