

FILED AUG 4 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20977**BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **147**

1. PLACE OF DEATH a. COUNTY Audrain 0043		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone 0108	
b. CITY (If outside corporate limits, write RURAL and give town) Mexico, Mo. 0	c. LENGTH OF STAY (If this place) 2 days	c. CITY OR TOWN Centralia	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital		STREET ADDRESS (If rural, give location) 303 West Switzler	

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Homer	c. (Last) Bartley	4. DATE OF DEATH (Month) (Day) (Year) July 26 1955
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	8. DATE OF BIRTH April 25, 1925	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 30 3 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance	10b. KIND OF BUSINESS OR INDUSTRY Hospital	11. BIRTHPLACE (City and State or Foreign Country) Centralia, Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME James Homer Bartley, Sr.	13b. MOTHER'S MAIDEN NAME Hattie Williams	14. NAME OF HUSBAND OR WIFE x
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes U.S. Navy	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Homer Bartley, Sr. Centralia

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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pulmonary embolism		6 minutes
ANCECEDENT CAUSES	DUE TO (b) Essential thrombosis		4 days
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) Preexisting pancreatitis		4 days
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.		465x

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) (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 **July 24, 1955**, to **July 26, 1955**, that I last saw the deceased alive on **July 26, 1955**, and that death occurred at **10 3/4** m., from the causes and on the date stated above.

23a. SIGNATURE Benjamin N. Jolly, M.D.	(Degree or title)	23b. ADDRESS 112 N. Clark Mexico, Mo.	23c. DATE SIGNED 7/28/55
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE July 28, '55	24c. NAME OF CEMETERY OR CREMATORY City of Centralia Centralia, Mo.	24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. July 28-1955	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bill Neely Centralia, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

2013 4 19 10:54

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.....
Signature of Student Embalmer

Signed.....



Licensed Embalmer No. 487

P. O. Address Centralia, WA

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.