

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25043

State File No.

FILED AUG 8 - 1955

BIRTH NO.		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>43-16</u> Registrar's No. <u>56</u>	
1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SULLIVAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MILAN</u>		c. LENGTH OF STAY (in this place) <u>1 mo. 19</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MILAN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sullivan Co. Mem. Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>1050</u>	
3. NAME OF DECEASED (Type or Print) <u>CHARLES</u>		a. (First) <u>0.</u> b. (Middle) <u>BARTIMUS</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>7</u> <u>31</u> <u>1955</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, <u>WIDOWED</u> , DIVORCED (Specify)	
8. DATE OF BIRTH <u>4-5-1873</u>		9. AGE (In years last birthday) <u>82</u>		10. IF UNDER 1 YEAR: Days <u>26</u> Hours <u>45</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Graysville Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Elza Bartimus</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Mackey</u>	
14. NAME OF HUSBAND OR WIFE <u>Katherine Sterling - (dead)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Herbert Bartimus</u>		18. ADDRESS <u>Milan Mo</u>		19. MEDICAL CERTIFICATION	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Stroke is antecedent</u> DUE TO (c) <u>331X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2nd Ventricular Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Milan Sullivan Mo</u>	
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 <u>July 1954</u> to <u>July 31, 1955</u> , that I last saw the deceased alive on <u>July 31, 1955</u> , and that death occurred at <u>5</u> m., from the causes and on the date stated above.					
22a. SIGNATURE (Degree or title) <u>Joseph S. McGill M.D.</u>		22b. ADDRESS <u>Milan Mo</u>		22c. DATE SIGNED <u>8/3/55</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-2-55</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem.</u>	
23d. LOCATION (City, town, or county) (State) <u>Milan Mo</u>		23e. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. B. Harris</u>		23f. ADDRESS <u>Milan Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-5-1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>		23g. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. B. Harris</u>	
23h. ADDRESS <u>Milan Mo</u>		23i. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. B. Harris</u>		23j. ADDRESS <u>Milan Mo</u>	

(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 _____

Dwight Schene

Licensed Embalmer No. *2667*

P. O. Address *Milan, 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.