.300
.48

FILED MAR 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12018

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 46

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
c. LENGTH OF STAY (in this place): 18 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Delta Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN: Sikeston
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1010 N. Kingshighway 1003

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Orr
c. (Last): Bartmess

4. DATE OF DEATH (Month) 3 (Day) 7 (Year) 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-29-1889
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: 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: —
11. BIRTHPLACE (City and State or Foreign Country): Galatia, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: H. W. Pemberton
13b. MOTHER'S MAIDEN NAME: Etta Webber
14. NAME OF HUSBAND OR WIFE: P. B. Bartmess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): 0 (If yes, give war or dates of service): 0
16. SOCIAL SECURITY NO.: 0
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Jane Gillespie, Sikeston, Missouri

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.

0

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arrowe Glomerulonephritis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
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: 592x
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* 2-25, 1956, *to* 3-7-, 1956 *that I last saw the deceased alive on* 3-8-56, 19__, *and that death occurred at* 9:15A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. S. Walter MD
23b. ADDRESS: Sikeston, Missouri
23c. DATE SIGNED: 3-8-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-9-56
24c. NAME OF CEMETERY OR CREMATORY: Garden of Memories
24d. LOCATION (City, town, or county) (State): Sikeston, Missouri

DATE REC'D BY LOCAL REG.: 3-12-56
REGISTRAR'S SIGNATURE: Mrs Ella Hunter
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Edward E. Nunnelee Sikeston, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

29
0

DATE RECEIVED MAR 19 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 356-20

MAY 15 1956

MAR 23 1956

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Philip J. Cassidy

Licensed Embalmer No. 46

P. O. Address Sikeston

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