

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

17371

State File No.

300
48

FILED JUN 4 1956

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY <u>Randolph 0883</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph 0883</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly Mo</u>		c. LENGTH OF STAY (in this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>537 Homer St</u>		d. STREET ADDRESS (If rural, give location) <u>539 Horner St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LENA</u> b. (Middle) _____ c. (Last) <u>BARTLETT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 17 1956</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 2nd 1892</u>
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <u>House work</u>	11. KIND OF BUSINESS OR INDUSTRY _____
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. BIRTHPLACE (City and State or Foreign Country) <u>Salisbury Mo</u>	
13a. FATHER'S NAME <u>Berle Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Phelps</u>	
13c. NAME OF HUSBAND OR WIFE <u>Lenard Bartlett</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Frances Bartlett</u>		ADDRESS <u>539 Horner St</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sclerotic myocardial infarction due to coronary thrombosis.</u>	
		ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) <u>High Blood Pressure - 1955</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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 <u>1955</u> , 19 <u>May 17/56</u> , that I last saw the deceased alive on <u>April 17, 56</u> , and that death occurred at <u>11:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. L. E. Huber, M.D.</u>		23b. ADDRESS <u>Moberly Mo</u>	
23c. DATE SIGNED <u>5/19/56</u>		23d. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 21-1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Moberly Mo</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>5-21-56</u>		REGISTRAR'S SIGNATURE <u>Leah R. Lowe</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert D. Cow</u>		ADDRESS <u>417 N 5th Moberly 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 _____

Robert B. Carr

Licensed Embalmer No. *3190*

P. O. Address *Moberly 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.