

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **31292**

FILED OCT 8 1956

BIRTH NO. _____		REG. DIST. NO. <b>179</b>		PRIMARY REG. DIST. NO. <b>5667</b>		Registrar's No. <b>114</b>	
1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Troy - Rural</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Dardenne</b>		<b>0920</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lincoln County Memorial Hospital.</b>				d. STREET ADDRESS (If rural, give location) <b>Dardenne, Missouri</b>			
3. NAME OF DECEASED (Type or Print) <b>Otto</b>		a. (First) <b>Otto</b>		b. (Middle) <b>F. W.</b>		c. (Last) <b>Bartling</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct. 24, 1891</b>	
9. AGE (in years last birthday) <b>64</b>		10. MONTHS <b>11</b>		11. DAYS <b>8</b>		12. IF UNDER 1 YEAR Hours <b>8</b> Mins. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Executive</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Automatic Heating Parts Mfg.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Adolph Bartling</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Schubert</b>		14. NAME OF HUSBAND OR WIFE <b>Mabel Bartling</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>497-18-5393</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mabel Bartling</b> ADDRESS <b>O'Fallon Mo. R.R. 1</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MYOCARDIAL DEGENERATION</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIO SCLEROSIS</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <b>BRONCHIECTASIS</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 mo.</b> <b>1 yr.</b> <b>2 yrs</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>4221</b>	
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) _____		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 <b>9-22</b> , 19 <b>56</b> , to <b>10-2</b> , 19 <b>56</b> that I last saw the deceased alive on <b>10-2</b> , 19 <b>56</b> and that death occurred at <b>11P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>W. J. Bergeson</b> (Degree or title) _____				23b. ADDRESS <b>Wentzville</b>		23c. DATE SIGNED <b>10-4-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 5, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Paul Churchyard</b>		24d. LOCATION (City, town, or county) <b>7600 Rock Hill Rd. Afton, Mo.</b>	
DATE REC'D BY LOCAL _____		REGISTRAR'S SIGNATURE <b>Emma R. Riddle</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Morris Muschony</b>		ADDRESS <b>Wentzville, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

1620

**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 Harold O. Kessler

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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.