

S. No. 300  
V. 10.48

FILED MAY 3 - 1957

STANDARD CERTIFICATE OF DEATH 5470

12881

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5470 Registrar's No. 71

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

1. PLACE OF DEATH a. COUNTY <u>Saunderly</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Saunderly</u>		
b. CITY OR TOWN <u>Salt Springs</u>		c. LENGTH OF STAY (in this place) <u>4 yrs.</u>	c. CITY OR TOWN <u>Salt</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>12 miles North of Salt</u>					
e. STREET ADDRESS (If rural, give location) <u>12 miles N. of Salt Springs</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>DORA</u> b. (Middle) <u>HANNAH</u> c. (Last) <u>BARTHOLOMEW</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-16-1957</u>		
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5. SEX <u>fe</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>July 18 1880</u>	9. AGE (In years last birthday) <u>77</u>	if UNDER 1 YEAR Months	if UNDER 1 YEAR Days	if UNDER 1 YEAR Hours	if UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired teacher of Homecraft</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Sulton Co. Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Wm. Guthrie</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Stoops</u>		14. NAME OF HUSBAND OR WIFE <u>Ross Bartholomew</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ms. J. E. Drismpis</u> ADDRESS <u>Salt Mo</u>		
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-vascular - Renal Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
		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		20. AUTOPSY? <u>0</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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>442x</u>	
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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?
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22. I hereby certify that I attended the deceased from Jan 1955 to April 16, 1957, that I last saw the deceased alive on April 14, 1957 and that death occurred at 1:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Oliver B. Duffly M.D.</u>		23b. ADDRESS <u>Winton New</u>	23c. DATE SIGNED <u>April 16, 1957</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-19-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>W. Vermont Cem.</u>	24d. LOCATION (City, town, or county) <u>Vermont Ill.</u>
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DATE REC'D BY LOCAL REG. <u>4-16-57</u>	REGISTRAR'S SIGNATURE <u>Gene J. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>P. K. ...</u> ADDRESS <u>Salt Mo</u>	
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1681 ST 707

**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.....  
*R. H. Payne, Jr.*

Licensed Embalmer No. *24,000*

P. O. Address *Salt*

**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.**