

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20831**

FILED JUN 24 1957

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>5499</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived immediately before admission)			
a. COUNTY <u>Harrison</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Lincoln</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Linley</u>		d. STREET ADDRESS (If rural, give location) <u>4048</u>	
a. COUNTY <u>Harrison</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Lincoln</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Linley</u>		d. STREET ADDRESS (If rural, give location) <u>4048</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>69th E. Ridgeway mo</u>		c. LENGTH OF STAY (in this place) <u>2 wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Linley</u>		d. STREET ADDRESS (If rural, give location) <u>4048</u>	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <u>Lahn</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Barthelt</u>		Date of Death <u>June - 19 - 1957</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July - 11 - 1885</u>	
9. AGE (In years) <u>71</u>		10. MONTHS <u>11</u>		11. DAYS <u>25</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Character of work during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Merion Frances Barthelt - Mary J.</u>		13b. MOTHER'S MAIDEN NAME <u>Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Merion Barthelt Coccard</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maura Hallock Ridgeway mo</u>		ADDRESS <u>Ridgeway mo</u>	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolism - coronary artery</u>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (b) <u>Hypertension</u>			
				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>Y</u>	
						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)			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Bernard L. Studycorner MD</u>				23b. ADDRESS <u>Bethany, Missouri</u>		23c. DATE SIGNED <u>6-15-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6-18-57</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Pransie Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>69th - South Ridgeway mo</u>	
DATE REC'D BY LOCAL REG. <u>6-17-57</u>		REGISTRAR'S SIGNATURE <u>Jella Maxey</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Robert R. Bogen</u>		ADDRESS <u>Ridgeway mo</u>	

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 R. Boggs

Licensed Embalmer No. 9876

P. O. Address Ridgeway 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.