

FILED SEP 3 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28114

0410

BIRTH NO. _____		REG. DIST. NO. 133		PRIMARY REG. DIST. NO. 5483		Registrar's No. 38			
1. PLACE OF DEATH a. COUNTY Harrison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Harrison					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany <i>TRIP RURAL</i>		c. LENGTH OF STAY (In this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany		d. STREET ADDRESS (If rural, give location) West Main St.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Harrison County Home									
3. NAME OF DECEASED (Type or Print) ISABEL STIVERS BARTLETT			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH August 24, 1957		(Month)		(Day)		(Year)			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH July 18, 1881			
9. AGE (In years last birthday) 76		10. MONTHS 1		11. DAYS 6		12. HOURS 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own home			11. BIRTHPLACE (City and State or Foreign Country) New York State			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE James Bartlett (divorced)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME EARL G. RUBY				ADDRESS St. Joseph, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia				INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Debility 6 mo.					
				DUE TO (c) Malnutrition & Senility 2 yrs					
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? 2 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) Bethany		21d. (COUNTY) Missouri		21e. (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 6-13-57, 19, to 8-24-57, 19, that I last saw the deceased alive on 8-24-57, 19, and that death occurred at 9:00 p.m., from the causes and on the date stated above.									
23a. SIGNATURE <i>Edmund M. Thoenig</i> (Degree or title) D.O.				23b. ADDRESS Bethany, Missouri				23c. DATE SIGNED 8-27-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/27/57		24c. NAME OF CEMETERY OR CREMATORY Miriam Cemetery		24d. LOCATION (City, town, or county) Bethany, Mo.		24e. (State)	
DATE REC'D BY LOCAL REG. 8-27-57		REGISTRAR'S SIGNATURE <i>Gella Mayes</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Charles L. ...</i>		ADDRESS Bethany, Mo.			

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

5470

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 Clark L. Touch

Licensed Embalmer No. 4831

P. O. Address Bethany, 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.