

Health,  
Welfare  
Public  
Service

FILED OCT 21 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35275

STATE FILE NUMBER

Registration District No. 98 Primary Registration District No. 5365 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <u>DAVIESS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>DAVIESS</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JAMESPORT-LINCOLN</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>JAMESPORT MO. 1310</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b		d. STREET <u>Lincoln</u> <sup>4th</sup> <u>W. S. Mi.</u> (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>LOWELLA</u> Middle _____ Last <u>BARTLETT</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>14</u> Year <u>1957</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 3-1882</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Harrison Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Theodore Linus Williams</u>				14. MOTHER'S MAIDEN NAME <u>Ella Wade</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>0</u>		16. SOCIAL SECURITY NO. <u>00</u>		17. INFORMANT <u>Almoth Bartlett Jamesport Mo.</u> Address _____				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Semidebilimentia-10 years Standing.</u> 331X							INTERVAL BETWEEN ONSET AND DEATH <u>7 da.</u> <u>1 w.</u> <u>10 yrs</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from _____ to <u>Oct 14-57</u> and last saw her <u>alive</u> <u>Oct 14 57</u> Death occurred at <u>3:30 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>F. B. Bailey</u> (Degree or title)				22b. ADDRESS <u>Jamesport Mo.</u>			22c. DATE SIGNED <u>10-16-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Oct. 16-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pilot Grove No. 1</u>		23d. LOCATION (City, town, or county) (State) <u>Harrison Co. Missouri</u>			
24. FUNERAL DIRECTOR <u>Chris L. Roberts</u> ADDRESS _____			25. DATE RECD. BY LOCAL REG. <u>10-18-57</u>		26. REGISTRAR'S SIGNATURE <u>Virginia M. Pugh</u>			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Robert M. Mahan*.....

Licensed Embalmer No. *145*

P. O. Address *James*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.