

FILED DEC 4 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40995

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5647 Registrar's No. 123

S. 300  
v. 1-56

4

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> OR TOWN <u>Freistatt</u>		c. CITY OR TOWN <u>Stotts City</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 <u>Crest View Rest Home</u> Length of stay in lb <u>1 year</u>		d. STREET ADDRESS (If outside, give location) <u>R.R. Stotts City</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Louis</u> Middle <u>Henry</u> Last <u>Barthesmeyer</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>23</u> Year <u>1957</u>	
5. SEX <u>M</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>Feb-10-1871</u>
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and state or country) <u>Wheaton Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Henry Barthesmeyer</u>	
14. MOTHER'S MAIDEN NAME <u>Unknown</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT <u>Alvin Barthesmeyer</u> Address <u>Webster Heights</u>	
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>Cerebral Vascular Accident</u> DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) <u>331X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Myocardial infarct, old; dermatitis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____		20f. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20g. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20h. INJURY OCCURRED	
21. I attended the deceased from <u>1947</u> to <u>11/24/57</u> and last saw <u>her</u> alive on <u>11/23/57</u> Death occurred at <u>120</u> <u>2</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>L. E. Granger M.D.</u>		22b. ADDRESS <u>100 Mt Vernon</u>	
22c. DATE SIGNED <u>11/25/57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Nov-25-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Woberg</u>		23e. STATE <u>Mo</u>	
24. FUNERAL DIRECTOR <u>May L. Fossell</u> ADDRESS <u>100 Mt Vernon Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11-25-57</u>	
26. REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>			

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *May L. Fossell*.....

Licensed Embalmer No. *425*.....

P. O. Address *Mt Vernon*.....

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