

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

362

STATE FILE NUMBER

FILED FEB 6 1958

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 166

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wayne	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Piedmont Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors' Hospital		d. STREET ADDRESS (If outside, give location) Rural Route 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Earl Middle William Last Bartch		4. DATE OF DEATH Month Jan. Day 21 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 25, 1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmcy - Sawmill MAN		10b. KIND OF BUSINESS OR INDUSTRY Farm - Sawmill	9. AGE (In years last birthday) 49 IF UNDER 1 YEAR: Months 1 Days 26 IF UNDER 24 HRS.: Hours Min.
13. FATHER'S NAME Thomas William Bartch		11. BIRTHPLACE (City and state or country) OTS, Missouri	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
16. SOCIAL SECURITY NO. 129-05-6575		14. MOTHER'S MAIDEN NAME MINNIE BABB	
17. INFORMANT Myra Almetia Bartch		Address Piedmont, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured Aortic Aneurysm Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic Vascular Disease Indefinite DUE TO (c) Dissecting Aneurysm			INTERVAL BETWEEN ONSET AND DEATH minutes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? 2 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.) 451X	
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 1-15-58 , to Jan 21, 58 and last saw him alive on 1-20-58 Death occurred at 1-21-58 2:00 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. J. D. G. MA (Degree or title)		22b. ADDRESS Poplar Bluff, Mo.	22c. DATE SIGNED 1-30-58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE JAN. 23, 1958	23c. NAME OF CEMETERY OR CREMATORY MASSONIC Cemetery	23d. LOCATION (City, town, or county) (State) Piedmont, Mo.
24. FUNERAL DIRECTOR NORMAN W. Gish ADDRESS Piedmont, Mo.		25. DATE RECD. BY LOCAL REG. 2/1/58	26. REGISTRAR'S SIGNATURE Rehmetee

(Licensed Embalmer's Statement - Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

RECEIVED

FEB 7 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

8561 67 8347

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 me, Student Embalmer No. _____, working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Marion E. Bowler

Licensed Embalmer No. 4

P. O. Address Bedford

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.