

Health,
Welfare
Public
Service

0980
300
1-56
4

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006824

STATE FILE NUMBER

FILED MAR 10 1958

Registration District No. 295 Primary Registration District No. 6015 Registrar's No. 314

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Randolph</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Balt Springs TWP</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN <u>Moberly 2883</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>Pleasant View Home</u> Length of stay in lb <u>4 years</u> | | d. STREET ADDRESS (If outside, give location) <u>618 Taylor</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

| | | | | | |
|--|-------------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>ROSA</u> Middle <u>LEE</u> Last <u>BARTEE</u> | | | 4. DATE OF DEATH <u>March 4 - 1958</u> Month <u>March</u> Day <u>4</u> Year <u>1958</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Oct-23-1867</u> | 9. AGE (In years last birthday) <u>90</u> | IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> |
| 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 100. KIND OF BUSINESS OR INDUSTRY <u>—</u> | 11. BIRTHPLACE (City and state or country) <u>Madison Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>Alexander Patterson</u> | | | 14. MOTHER'S MAIDEN NAME <u>Unknown</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT <u>Stanley Mason Moberly Mo.</u> Address <u>Moberly Mo.</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>chronic Myo corditis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>arteria sclerosis</u> | <u>20 yr</u> |
| | DUE TO (c) <u>—</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) | | 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"/> | 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>4221</u> | |
| 20c. TIME OF INJURY Hour <u>—</u> Month <u>—</u> Day <u>—</u> Year <u>—</u> a. m. <u>—</u> p. m. <u>—</u> | | |
| 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 <u>Jan 21, 1958</u> , to <u>March 4, 1958</u> and last saw <u>her</u> alive on <u>3/4/58</u> Death occurred at <u>8 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE <u>P. V. Dreyer MD</u> (Degree or title) | 22b. ADDRESS <u>Huntsville, Mo.</u> | 22c. DATE SIGNED <u>3/6/58</u> |

| | | | |
|--|--|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <u>March 6 - 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Moberly Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Cater Funeral Home Moberly Mo</u> ADDRESS <u>—</u> | 25. DATE RECD. BY LOCAL REG. <u>3-6-1958</u> | 26. REGISTRAR'S SIGNATURE <u>Marion S. Bentley</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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 embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
R. M. Carter

Licensed Embalmer No. *471*

P. O. Address *M. W. Kelly*

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.