

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029014

STATE FILE NUMBER

FILED SEP 5 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3937

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran		Length of stay in 1b 8 months	d. STREET ADDRESS 1008 W. 104th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ALBERT (none) Bartlett			4. DATE OF DEATH Month Day Year Aug. 16, 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 Sept. 11, 1882		9. AGE (In years last birthday) 75 IF UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber checker		10b. KIND OF BUSINESS OR INDUSTRY Gen. Box Co	11. BIRTHPLACE (City and state or country) Jackson Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Robert Bartlett		13b. MOTHER'S MAIDEN NAME Sarah McPherson		14. NAME OF HUSBAND OR WIFE Dora Bartlett	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 86-10-1511	17. INFORMANT Address Dora Bartlett 1008 W. 104th K. C., 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) Carcinoma of Liver (m.m.o.)					INTERVAL BETWEEN ONSET AND DEATH 8 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					15/51
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 July 1958 to 16 Aug 1958 and last saw her/him alive on 15 Aug 1958 Death occurred at 3:10 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE H E Carlson M.D. (Degree or title)			22b. ADDRESS 1316 Professional Bldg.		22c. DATE SIGNED 16 Aug 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/18/1958	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
24. FUNERAL DIRECTOR K. George & Sons Grandview, Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. 8-16-58	26. REGISTRAR'S SIGNATURE Neva Minshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

H.E. Carlson

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Hess*

*Nov 2-1-3707
Call Dr. Johnson
P. O. Address*

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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 *Richard E. Deary*

Licensed Embalmer No. *3958*

P. O. Address *Bethesda Md*

2011/1/2

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.