

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029733

STATE FILE NUMBER

FILED AUG 19 1958 Registration District No. 236 Primary Registration District No. 5819 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY Morgan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Morgan			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osage Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Sunrise Beach 0 9/10		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION I. M. N. Sunrise Beach 3 yrs				Length of stay in 1b			
3. NAME OF DECEASED (Type or print) First Lee Middle Raymond Last Bartlett				4. DATE OF DEATH Month Aug Day 14 Year 1958			
5. SEX Male 0		6. COLOR OR RACE Col.		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 5, 1905 53	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Resort		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 53		11. BIRTHPLACE (City and state or country) Winston, Mo. 0	
13. FATHER'S NAME George Bartlett				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes W.W. 2				16. SOCIAL SECURITY NO. 496-05-0981		17. INFORMANT Address Mrs Virginia Bartlett Sunrise Beach	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary atherosclerosis 2 years DUE TO (c) 4201						INTERVAL BETWEEN ONSET AND DEATH 30 Min	
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"/> 2	
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 July 57 to Aug 14, 1958 and last saw him alive on Aug. 1, 1958. Death occurred at 3:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Ruth Kaufman, M.D.				22b. ADDRESS Versailles, Mo.		22c. DATE SIGNED Aug. 15, 1958	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 18 Aug. 58		23c. NAME OF CEMETERY OR CREMATORY Winston Cemetery		23d. LOCATION (City, town, or county) Winston, Mo. (State)	
24. FUNERAL DIRECTOR W. F. Kidwell Versailles, Mo.				25. DATE RECD. BY LOCAL REG. 8-15-58		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

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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

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AUG 21 1958

NOV 8 1958

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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 *Raymond C. Forbes*

Licensed Embalmer No. *46*

P. O. Address *Wesville*

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.