

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006683

STATE FILE NUMBER

RECORDED MAR 13 1959

Registration District No.

290

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Swedeborg, Mo.</b>		c. CITY OR TOWN <b>Swedeborg, Mo.</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>None.</b>		d. STREET ADDRESS <b>None.</b>	

3. NAME OF DECEASED (Type or print) First <b>Harvey</b> Middle <b>Edward.</b> Last <b>Bartlett.</b>			4. DATE OF DEATH Month <b>March</b> Day <b>3,</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 19, 1886</b>		9. AGE (In years last birthday) <b>72</b>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad. Retired.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer.</b>	11. BIRTHPLACE (City and state or country) <b>Waynesville, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Reuben Bartlett.</b>	13b. MOTHER'S MAIDEN NAME <b>Almeda Trower.</b>	14. NAME OF HUSBAND OR WIFE <b>Selma. Bartlett.</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>487-18-3288</b>	17. INFORMANT <b>Selma. Bartlett. Swedeborg, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>1. Coronary occlusion, acute</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>2. Coronary insufficiency, chronic</b> DUE TO (c) <b>3. Myocarditis, chronic</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 days.</b> <b>3 years.</b> <b>3 years.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>		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 <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	20d. INJURY OCCURRED WHILE AT <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 <b>Swedeborg</b> STATE <b>Missouri</b>		

21. I attended the deceased from _____ to _____ and last saw her alive on <b>3-3-59.</b> Death occurred at <b>11:00</b> A m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Richard M. D.</b>	22b. ADDRESS <b>Crocker, Mo.</b>	22c. DATE SIGNED <b>3/5/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/5/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. John's Cemetery.</b>	23d. LOCATION (City, town, or county) (State) <b>Swedeborg, Missouri</b>
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24. FUNERAL DIRECTOR <b>Hedges Funeral Home</b>	25. DATE RECD. BY LOCAL REG. <b>3-5-59</b>	26. REGISTRAR'S SIGNATURE <b>Carla Mae Anderson</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

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 ..... *Clarence Moore* .....

Licensed Embalmer No. *489* .....

P. O. Address *Waynesville, N.C.* .....

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.