

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012890

STATE FILE NUMBER

FILED MAY 6 1959

Registration District No.

119

Primary Registration District No.

5443

Registrar's No. 20

1. PLACE OF DEATH

a. COUNTY

FASCONADE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

FRANKLIN

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

HERMAN. MO

Inside Limits
Yes ☐ No ☒

c. CITY
OR
TOWN

GERALD MO

Inside Limits
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

EBENE. NURSING HOME 3 mo.

Length of stay in 1b

d. STREET
ADDRESS

(If outside, give location)
BRI

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

(Type or print)
GABARDENA

K

BARTEL

4. DATE
OF
DEATH

Month

Day

Year

4-28-1959

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED ☐ NEVER MARRIED ☐

WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH

11-3-1875

9. AGE (In years, if UNDER 1 YEAR, IF UNDER 24 HRS.)

83

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10b. KIND OF BUSINESS OR INDUSTRY

NONE

11. BIRTHPLACE (City and state or country)

ROSEBUD. MO

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

John Olsen

13b. MOTHER'S MAIDEN NAME

Katherine Fechter

14. NAME OF HUSBAND OR WIFE

William F Bartel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)

NO NONE

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

Venice K Steffen Owensville 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) Arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH
5 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

4200

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

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 Dec. 1958 to Apr. 28, 1959 and last saw her alive on Apr. 28, 1959
Death occurred at 5:45 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Carroll T. Shaw MD

22b. ADDRESS

Hermann, Mo.

22c. DATE SIGNED

4-29-59

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

5-1-59

23c. NAME OF CEMETERY OR CREMATORY

Smith

23d. LOCATION (City, town, or county)

Sullivan MO RRT. Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Spencer Gerald MO

25. DATE RECD. BY LOCAL REG.

4-29-59

26. REGISTRAR'S SIGNATURE

Delma Uffelman

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Stanley E. Mays

Licensed Embalmer No. 4639

P. O. Address Levell, Mo

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.