

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 11 1959

59-024068

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 57 STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY Barton | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar | | Length of stay in 1b 76 | c. CITY OR TOWN Lamar Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 802 Maple Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|-------------------------------------|------------------|-----------------------|----------------------|------------------|------------------|--------------|------------------|
| 3. NAME OF DECEASED (Type or print) | First IVA | Middle ISADORE | Last BARTLETT | 4. DATE OF DEATH | Month Aug | Day 1 | Year 1959 |
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| 5. SEX F | 6. COLOR OR RACE W | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12-15-1876 | 9. AGE (last birthday) 82 | IF UNDER 1 YEAR | IF UNDER 24 HR |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own home | 11. BIRTHPLACE (City and state or country) Pontiac, Illinois | 12. CITIZEN OF WHAT COUNTRY U. S. | | |

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|-----------------------------------------|-------------------------------------------------|-------------------------------------------------------|
| 13a. FATHER'S NAME T. O. Douglas | 13b. MOTHER'S MAIDEN NAME Emily Holtsman | 14. NAME OF HUSBAND OR WIFE George W. Bartlett |
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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) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Address Mrs. Grace Hannah, Lamar, Missouri |
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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) Cerebral Hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH |
| 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) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 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.) |
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| 20c. TIME OF INJURY | Hour 3:00 | Month, Day, Year |
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|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------|--------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 **(Dr. H. M. Arnold is on vacation and unavailable to sign this certificate)** to **3:00** and last saw him **alive** on **Aug 3 1959**.
Death occurred at **3:00** **a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) Marie Konantz Local Registrar | 22b. ADDRESS Lamar, Missouri | 22c. DATE SIGNED 8/3/59 |
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|---------------------------------------------------------|-----------------------------|------------------------------------------------|----------------------------------------------------------------------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Aug 3 1959 | 23c. NAME OF CEMETERY OR CREMATORY Lake | 23d. LOCATION (City, town, or county) (State) Lamar, Missouri |
|---------------------------------------------------------|-----------------------------|------------------------------------------------|----------------------------------------------------------------------|

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| 24. FUNERAL DIRECTOR ADDRESS Konantz Funeral Home, Lamar, Missouri | 25. DATE RECD. BY LOCAL REG. 8/3/59 | 26. REGISTRAR'S SIGNATURE Marie Konantz |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carl F. Donantz

Licensed Embalmer No. 2247
P. O. Address Lamar, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.