URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 19 1959

59-035161

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 484

ENDED

1. PLACE OF DEATH
a. COUNTY: BOONE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: COLUMBIA
Length of stay in Hospital: 22 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Ellis Fischel State Cancer
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Bates
c. CITY OR TOWN: Butler
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 605 North Main
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LYDELL Middle FOSTER Last BARTLETT

4. DATE OF DEATH: Month October Day 13 Year 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: June 18, 1942
9. AGE (last birthday): 17
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: Student
11. BIRTHPLACE (City and state or country): Bates County, Mo
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Robert Foster Bartlett
13b. MOTHER'S MAIDEN NAME: Ruby ~~Bartlett~~ Boling
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ——
16. SOCIAL SECURITY NO.: None
17. INFORMANT: HOSPITAL RECORDS – Columbia, Missouri
Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ANOXIA — INTERVAL BETWEEN ONSET AND DEATH: 5 MOS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): DISSEMINATED CARCINOMATOSIS
DUE TO (c): EMBRYONAL CARCINOMA RT. TESTICLE
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ 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 Oct 1, 1959, to Oct 13, 1959 and last saw ~~her~~ him alive on Oct 13, 1959
Death occurred at 12 06 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Herman Slyken M.D.
22b. ADDRESS: Mo. STATE CANCER HOSP. COLUMBIA
22c. DATE SIGNED: 10-13-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10-13-1959
23c. NAME OF CEMETERY OR CREMATORY: Morris Cem
23d. LOCATION (City, town, or county) (State): Butler, Missouri

24. FUNERAL DIRECTOR ADDRESS: Parker Funeral Service, Columbia, Mo.
25. DATE RECD. BY LOCAL REG.: Oct 13 1959
26. REGISTRAR'S SIGNATURE: Mrs. R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed George A. Kerfe

Licensed Embalmer No. 4752

P. O. Address Columbia, M

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