

# DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 3 1960

=60-000083

DED

Registration District No. 6 Primary Registration District No. 5031 Registrar's No. 2

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Audrain</u>				a. STATE <u>Mo.</u>		b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, give TOWNSHIP (ifly) OR TOWN <u>Waverly sh. h</u>		Length of stay in 1b <u>3 yrs.</u>		c. CITY OR TOWN <u>Vandalia <sup>Chivret'ship</sup></u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 mile S 2 E. of Vandalia</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1 mile S 2 E. of Vandalia</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Charles <sup>First</sup> George <sup>Middle</sup> Peter <sup>Last</sup> Bartison</u>				4. DATE OF DEATH Month <u>Jan</u> Day <u>27</u> Year <u>1960</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct. 3, 1888</u>	
9. AGE (last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u></u> Days <u></u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and state or country) <u>Weloan, Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Steven Bartison</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Wagner</u>			14. NAME OF HUSBAND OR WIFE <u>Beulah Bartison</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>489-42-8044</u>		17. INFORMANT <u>Charles Bartison <sup>Address</sup> Vandalia Missouri</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u>
IMMEDIATE CAUSE (a) <u>gunshot wound of head</u>							
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 type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 <u>3:30</u> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>		Month, Day, Year <u>1 27 60</u>					
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 <u>Never</u> to _____ and last saw him alive on _____ Death occurred at <u>3:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>William J. Fugus</u>				22b. ADDRESS <u>1120 Clark</u>		22c. DATE SIGNED <u>1/27/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>1/31/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mildon Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Mildon Illinois</u>	
24. FUNERAL DIRECTOR <u>William B. Waters</u>				25. DATE RECD. BY LOCAL REG. <u>Jan 28 1960</u>		26. REGISTRAR'S SIGNATURE <u>Mollie Fugus</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF Informant

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

FEB

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 William Blinters

Licensed Embalmer No. 4169

P. O. Address Vandalia, I

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.