

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-016588

FILED VS. MAY 13 1960

318

1003

4601

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Length of stay in 1b	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4060 Evans		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Middle Bartley Last				4. DATE OF DEATH Month 4 Day 29 Year 60			
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-25-1895	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months 11 Days 4	IF UNDER 24 HR Hours 4 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Mississippi		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Benjamin Bartley			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Deceased	
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. ?	17. INFORMANT Martha Alexander		Address 4108 Aldine	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable Carcinoma of the Colon						INTERVAL BETWEEN ONSET AND DEATH Undet.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 153.8							
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 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 _____ a.m. _____ p.m. Month, Day, Year _____							
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 4-21-60 , to 4-29-60 and last saw ^{her} him alive on 4-29-60 Death occurred at 8:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>J. O. Richardson M.D.</i>			22b. ADDRESS 2601 N. Whittier St.			22c. DATE SIGNED 4-29-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-1-60	23c. NAME OF CEMETERY OR CREMATORY Mt. Zion		23d. LOCATION (City, town, or county) (State) Blytheville, Arkansas			
24. FUNERAL DIRECTOR Ellis Funeral Home, Inc. 2820 Stoddard			25. DATE RECD. BY LOCAL REG. MAY 2 1960		26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i> MOE		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Name of _____
 Address _____
 City _____
 State _____
 Zip _____
 Date _____
 Time _____
 Location _____
 Cause of Death _____
 Manner of Death _____
 Name of Physician _____
 Name of Hospital _____
 Name of Funeral Home _____
 Name of Embalmer _____
 Name of Student _____

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 Fulton E. Culka

Licensed Embalmer No. 198

P. O. Address St. Louis

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