

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037814

FILED VS OCT 18 1960

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 343

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		Length of stay in 1b 2 1/2 hrs.	c. CITY OR TOWN Eldon Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Community Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 634 E Newton Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Lydia Middle Leona Last Bartlett			4. DATE OF DEATH Month Oct Day 11 Year 60
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/24/74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 86 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) House wife		11. BIRTHPLACE (City and state or country) Mt. Pleasant MO.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Lewis Franklin Tracy		13b. MOTHER'S MAIDEN NAME Anderson	14. NAME OF HUSBAND OR WIFE William Wilson Bartlett
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 Address Ola Bartlett

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 6 hrs
IMMEDIATE CAUSE (a) Cerebral Hemorrhage		
DUE TO (b) Arteriosclerosis cerebri		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis cerebri		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

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 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 **Oct 11, 1960** to **Oct 11, 1960** and last saw her/him alive on **Oct 11, 1960**. Death occurred at **10:15 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Phyllis A. Dwyer M.D.	22b. ADDRESS Jefferson City MO	22c. DATE SIGNED 11 Oct 1960
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 13 Oct 1960	23c. NAME OF CEMETERY OR CREMATORY Eldon City-Cema
23d. LOCATION (City, town, or county) (State) Eldon MO	24. FUNERAL DIRECTOR ADDRESS Keith M. Kaye Eldon	25. DATE RECD. BY LOCAL REG. 11 October 1960
26. REGISTRAR'S SIGNATURE R.P. Davis MO - M. Richter Reg.		

(Licensed Embalmers' Statement on Reverse Side)

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 me or by _____ Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Keith M. Kaye

Licensed Embalmer No. 3998

P. O. Address Eldon 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.