

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 6 1960

-60-042683

INDEXED

Registration District No. 178 Primary Registration District No. Registrar's No. 98

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lewis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lewis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lewistown		Length of stay in 1b 35 years		c. CITY OR TOWN Lewistown		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Essie May Bartholmew				4. DATE OF DEATH Month Day Year November 27, 1960			
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 12/20/1880	
9. AGE (last birthday) 79		IF UNDER 1 YEAR Months Days Hours Min. 11 7		IF UNDER 24 HR 79			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Iowa Argil		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Byron Scovern		13b. MOTHER'S MAIDEN NAME Liabala Oglo		14. NAME OF HUSBAND OR WIFE Ray J. Bartholmew			
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. no		17. INFORMANT Dorothy Bartholmew Lewistown, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-Vascular Accident 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) Diabetes Mellitus						INTERVAL BETWEEN ONSET AND DEATH 2 days	
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 April 1954 to 27 Nov 60 and last saw her alive on 27 Nov 60 Death occurred at D.O.A. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John W With (Degree or title) D.O.				22b. ADDRESS Lewis town Mo		22c. DATE SIGNED 30 Nov 60	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/30/1960		23c. NAME OF CEMETERY OR CREMATORY La Belle Cemetery		23d. LOCATION (City, town, or county) (State) La Belle, Missouri	
24. FUNERAL DIRECTOR Jacobsen & LaBelle, Inc ADDRESS				25. DATE RECD. BY LOCAL REG. 12-1-60		26. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd	

(Licensed Embalmer's Statement on Reverse Side)

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 myself, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. Blaine Jr.

Licensed Embalmer No. 4328

P. O. Address Labelle,

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.