ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

61-009959
STATE FILE NUMBER

AMENDED

Registration District No. 264 Primary Registration District No. _____ Registrar's No. 22

FILED APR 10 1961

1. PLACE OF DEATH
a. COUNTY Ozark
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dora, Mo. Length of stay in 1b 75 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Rte 1 Inside Limits Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Ozark
c. CITY OR TOWN Dora Mo Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) Rte 1 Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: Sarah Frances Bartley
4. DATE OF DEATH Month Day Year: 3/9-61
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 4-1-85
9. AGE (last birthday): 75
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): Hwife
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (City and state or country): Ozark Co., Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Thos. Ballinger
13b. MOTHER'S MAIDEN NAME: Lydia Parsons
14. NAME OF HUSBAND OR WIFE: ✓ ✓
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT: Elsie Gilmore Address: Dora Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary occlusion
DUE TO (c): Arteriosclerosis — yrs
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 2-21-61, to 3-9-61 and last saw her/him alive on 3-9-61
Death occurred at 10:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.
22b. ADDRESS: West Plains Mo
22c. DATE SIGNED: 3/17/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Bo
23b. DATE: 3/12-61
23c. NAME OF CEMETERY OR CREMATORY: Eaton
23d. LOCATION (City, town, or county) (State): Dora Mo

24. FUNERAL DIRECTOR: Roberts ADDRESS: West Plains Mo
25. DATE RECD. BY LOCAL REG.: 4-7-61
26. REGISTRAR'S SIGNATURE: Thana Mahan

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

VS APR 11 1961

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_____

Licensed Embalmer No._____

P. O. Address_____

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