

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036399

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Registration District No. 096 Primary Registration District No. _____ Registrar's No. 63

FILED NOV 7 1961

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Dallas | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dallas | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Buffalo | | Length of stay in 1b 10 yrs | c. CITY OR TOWN Buffalo, |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION East Madison St. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) E. Madison St. |
| 3. NAME OF DECEASED (Type or print) First Mary Middle Bartley Last | | 4. DATE OF DEATH Month November Day 2, Year 1961 | |
| 5. SEX Female | 6. COLOR OR RACE Caucasian | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Feb. 19, 1887 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY --- | 9. AGE (last birthday) 74 |
| 11a. BIRTHPLACE (City and state or country) Buffalo, Mo. | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Bert Chapman | | 13b. MOTHER'S MAIDEN NAME Polith White | 14. NAME OF HUSBAND OR WIFE Francis Bartley |
| 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. NONE | 17. INFORMANT Address Francis Bartley Buffalo, 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) Cancer of Vagina | | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs. |
| 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 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.) 1958 | 20f. CITY, TOWN, OR LOCATION 11-2-61 | COUNTY _____ STATE _____ |
| 21. I attended the deceased from 1958 to 11-2-61 and last saw her alive on 11-1-61 Death occurred at 1:40 A M m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) C. O. Hammon M.D. | | 22b. ADDRESS Buffalo, Mo. | 22c. DATE SIGNED 11-2-61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Nov. 4, 1961 | 23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery | 23d. LOCATION (City, town, or county) (State) Buffalo, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS Montgomery Funeral Home Buffalo, Missouri | | 25. DATE RECD. BY LOCAL REG. 11/4/61 | 26. REGISTRAR'S SIGNATURE Mr. Vera Peter SR |

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 *Vernon H. Viets*
Vernon H. Viets

Licensed Embalmer No. 5083

P. O. Address Buffalo, 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.