

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017899

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 123

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 123
FILED MAY 29 1962

1. PLACE OF DEATH

a. COUNTY Audrain

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN MexicoLength of stay in 1b
8 Yrs.c. FULL NAME OF (IF NOT in hospital, give location)
HOSPITAL OR INSTITUTION Allen Nurseing HomeInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Montgomery

c. CITY OR TOWN Middletown

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
THOMAS COLUMBUS BARTLETT4. DATE OF DEATH
Month Day Year
May 23, 19625. SEX
male6. COLOR OR RACE
white7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
Jan. 22, 18669. AGE (last birthday)
96IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Merchant & banker

10b. KIND OF BUSINESS OR INDUSTRY
Public business11. BIRTHPLACE (City and state or country)
Louisville, Mo.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

unknown

13b. MOTHER'S MAIDEN NAME

unknown

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)

no

16. SOCIAL SECURITY NO.
none17. INFORMANT
George Bartlett, Parma, Ohio18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.Cerebral Thrombosis
Arteriosclerosis
AgeINTERVAL BETWEEN
ONSET AND DEATH1 1/2 hr
yrsPART 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 ☐ Unknown19. 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 Month, Day, Year
a.m. p.m.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 12-26-57 to May 23, 1962 and last saw him alive on May 22, 1962
Death occurred at 2:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. P. Kallenbach M.D.

22b. ADDRESS

Mexico, Mo

22c. DATE SIGNED

5-26-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

May 25, 1962

23c. NAME OF CEMETERY OR CREMATORY

Fairmont

23d. LOCATION (City, town, or county)

Middletown, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Pritchett - MYERS, Middle Town Mo

25. DATE RECD. BY LOCAL REG.

May 26-1962

26. REGISTRAR'S SIGNATURE

Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER, RIBBON

J. P. Kallenbach M.D.

Permit obtained
May 23. - 1962
B.A.

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 Howard F. Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville 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.