FILED AUG 1	ĝ 1 95 €	THE DIVISION OF HEA		TIL	28318
BIRTH NO		2211	PRIMARY REG. DIST.	~ > /	istrar's No.
1. PLACE OF DEA a. COUNTY Mon	тн iteau Co		a STATE Misso	Uri b. Co	lived. If institution: residence before DUNTY Moniteau.
b. CITY (II outside on OR TOWN Rura	porste limite, write RC 1 WE	TRAL and give c. LENGTH OF STAY (in this place) 15 Month	s town Rura	ornia, Mo	d. Is Residence within limits of a city or incorporated team? Yes No
HOSPITAL OR INSTITUTION		california, Mo	ADDRESS Rt	(If rural, give location) # 2. Callf	ornia, Mo
3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE OF	(Month) (Day) (Year)
(Type or Print)	Francis	Louise	Bartlet	, L DEATH	Aug 7 1954
emale '	white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Bookly) WICOWEO	June 19 18		Months Days Hours Min.
10a. USUAL OCCUPATIO	N (Give kind of work is life, even if retired)	Own Home DUSTRY	Missouri.	sy and State or Foreign C	ouatry) 12. CITIZEN OF WHAT COUNTRY?
3a. FATHER'S NAME		136. MOTHER'S MAIDEN		14. NAME OF HUSBA	
Richard Ca		Mary Jane H		Decease	
IS. WAS DECEASED EVE (Yes, no. of unknown) (If	R IN U.S. ARMED FO	ORCES? 16. SOCIAL SECURITY NO. NO.	Mrs. Fred	SIGNATURE OR CULLUS	NAME ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO DIRECTLY LEADII	MEDICAL C	Ertificătion Seulitz		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or complica- tion which caused death.	II. OTHER SIGNIFI	if any, giving DUE TO (b)use (a) stating se last. DUE TO (c) ICANT CONDITIONS	J		
	Conditions contributing to the death but not related to the disease or condition causing death.				•
19a. DATE OF OPERA- TION	195. MAJOR FIND	INGS OF OPERATION		19	20. AUTOPSY? . YES NO AUTOPSY?
21a. ACCIDENT SUICIDE HOMICIDE	(Hpecity) 2	1b, PLACE OF INJURY (e.g., in or about ome, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR	rownship) ((county) (STATE)
21d. TIME (Month) OF INJURY	(Day) (Year) (H	21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY	OCCUR1	
22. I hereby certify to	hat I attended th	e deceased from	130A m., from th	e causes and on the	that I last saw the deceased date stated above.
23a. SIGNATURE	PAG	relle (Degree or tigle)	236. ADDRESS	leforma	Uw 8-9-54
24a. BURIAL, CREMA- TION REMOVAL (Speeds) BURIAL	8/9/54	24c. NAME OF CEMETERY		Ad. LOCATION (City, to California	
DATE REC'D BY LOCAL UG 1 5 1954	REGISTRARIA SI	GNATURE Brilger	25. FUNERAL DIRECT	ron's signature	ADDRESS
		(Licensed Embalmer's Se	stement on Reverse Side)	ma

STATEMENT BY LICKINSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba Student Embalmer No.. by me, or by ..

working under my personal supervision..

Licensed Embalmer No

P. O. Address Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa

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.

Signature of Student Embalmer