

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=62-028218**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 295

Primary Registration District No. 6215

Registrar's No. 126

**FILED JUL 30 1962**

VS 300  
Rev. 4/59

1 1880

2 0681

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12 86-2

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>RANDOLPH</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO.</u> b. COUNTY <u>MONITEAU</u>                      |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>HUNTSVILLE</u>  |   | Length of stay in 1b  | c. CITY OR TOWN <u>CALIFORNIA</u>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>PLEASANT VIEW NURSING HOME</u>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><u>IN CITY</u>  |
| 3. NAME OF DECEASED<br>(Type or print) <u>LEHMAN A. BARTLETT</u>  |   | 4. DATE OF DEATH<br>Month <u>JULY</u> Day <u>24</u> Year <u>1962</u>  |  |
| 5. SEX<br><u>MALE</u>   | 6. COLOR OR RACE<br><u>WHITE</u>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>OCT 1, 1894</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>PRINTER</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Unknown</u>   | 9. AGE (last birthday)<br><u>67</u>  |
| 13a. FATHER'S NAME<br><u>William A. Bartlett</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Francis Louise Campbell</u>   | 14. NAME OF HUSBAND OR WIFE<br><u>NONE</u>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>World War I: 1917-1919</u>  |   | 16. SOCIAL SECURITY NO.<br><u>UNKNOWN</u>   | 17. INFORMANT<br><u>Mrs EDWARD CLENIN, California, Mo.</u>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Generalized Debility</u><br>DUE TO (b) <u>Abdominal Carcinomatosis</u><br>DUE TO (c) <u>Branchiogenic Carcinoma</u>      |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 wks.</u><br><u>6 mos.</u><br><u>?</u>   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <u>Hour</u> Month, Day, Year <u>Month, Day, Year</u><br>a.m. p.m.   | 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<br><u>Huntsville, MO</u>   |  |
| 20g. COUNTY<br><u>MONITEAU</u>  |   | 20h. STATE<br><u>MO.</u>  |  |
| 21. I attended the deceased from <u>June 1, 1962</u> to <u>July 24, 1962</u> and last saw him alive on <u>July 22, 1962</u> .<br>Death occurred at <u>Huntsville, MO</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE<br><u>M. C. Copley, D.D.</u>   |   | 22b. ADDRESS<br><u>Huntsville, MO</u>   | 22c. DATE SIGNED<br><u>7-25-62</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>  | 23b. DATE<br><u>7-26-1962</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>CITY CEMETERY</u>  | 23d. LOCATION (City, town, or county)<br><u>CALIFORNIA, MO.</u>  |
| 24. FUNERAL DIRECTOR<br><u>Hugh E. Williams, California, Mo.</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>7-27-62</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Odonna Patterson</u>   |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AUG 2 1962

# 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

*Russell C. Maag*

Licensed Embalmer No.

*4804*

P. O. Address

*California, 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.