

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23064**

FILED AUG 4 1951

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1008</u>		Registrar's No. <u>2904</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>3 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY 2348</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2427 LAWN AVENUE</u>				d. STREET ADDRESS (If rural, give location) <u>2427 LAWN AVENUE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DANIEL</u>		b. (Middle) <u>(NONE)</u>		c. (Last) <u>HARTNETT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 8, 1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG. 27, 1863</u>		9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		11. BIRTHPLACE (State or foreign country) <u>MONITEAU CO., MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>JAMES HARTNETT</u>		13b. MOTHER'S MAIDEN NAME <u>ELLEN MAHONEY</u>		14. NAME OF HUSBAND OR WIFE <u>ELIZABETH HARTNETT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LILIAN ELLEN STARK</u> ADDRESS <u>2427 LAWN AVENUE, KANSAS CITY, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> <u>4200</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct</u> , 19 <u>46</u> to <u>July 8</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>July 8</u> , 19 <u>51</u> , and that death occurred at <u>7:10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ralph Perry M.D.</u> (Degree or title)				23b. ADDRESS <u>4800 East 24</u>		23c. DATE SIGNED <u>July 9, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 10, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SACRED HEART CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CALIFORNIA MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>7-9-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.H. Newcomb's Sons</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed *Basil V Honey*

Licensed Embalmer No. *14724*

P. O. Address *Goshland, 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 this body is not embalmed, fact should be so stated above.