

FILED MAY 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5795 State File No. 13856  
2740 Registrar's No. 39

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 223 PRIMARY REG. DIST. NO. 2740 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Pilot Grove</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Pilot Grove</u>		d. STREET ADDRESS (If rural, give location) <u>Rt # 1. California, Mo 0680</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rtr #1 California, Mo</u>			d. STREET ADDRESS (If rural, give location) <u>Rt # 1. California, Mo 0680</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Josephine</u> b. (Middle) <u>Margrett</u> c. (Last) <u>Hartnett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 24 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan 11, 1912</u>		9. AGE (In years last birthday) <u>38</u> IF UNDER 1 YEAR Months <u>3</u> IF UNDER 1 WEEK Days <u>13</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Never Worked</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Tom Hartnett</u>		13b. MOTHER'S MAIDEN NAME <u>Cathrine Horan</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bernard White Centerton, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Labor Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Yersinia Pneumonia</u> <u>26/18.50</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>490X</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		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) m.		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>7/22, 1950</u> , to <u>7/24, 1950</u> , that I last saw the deceased alive on <u>4/23, 1950</u> , and that death occurred at <u>1/20A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J. P. Burke, Jr., M.D.</u>			23b. ADDRESS <u>California, Mo</u>		23c. DATE SIGNED <u>4/24/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/26/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemt.</u>		24d. LOCATION (City, town, or county) (State) <u>California, Mo</u>
DATE REC'D BY LOCAL REG. <u>4/27/50</u>		REGISTRAR'S SIGNATURE <u>Richard R. Garnett</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Earle R. Boudin, California</u>	

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

0680

770

District File Number  
District Health Officer No. 9  
RECEIVED  
MAY 1 1950

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Earl R. Bowlin*

Licensed Embalmer No. *2126*

P. O. Address *California*

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.