

FILED MAR 14 1951

STANDARD CERTIFICATE OF DEATH

State File No. 5418

1680
1

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

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 5797 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Willow Fork		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Willow Fork	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 3 Miles South Tipton	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3, Miles South Tipton			
3. NAME OF DECEASED (Type or Print) a. (First) Herman b. (Middle) Joseph c. (Last) Hartman		4. DATE OF DEATH (Month) (Day) (Year) March, 3rd, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH January, 20, 1858
9. AGE (In years last birthday) 93		10. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (State or foreign country) Tipton, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Stockman		11. BIRTHPLACE (State or foreign country) Tipton, Missouri	
13a. FATHER'S NAME Henry Hartman		13b. MOTHER'S MAIDEN NAME Josephine Veuleman	
14. NAME OF HUSBAND OR WIFE Dead			
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. None	
17. INFORMANT'S SIGNATURE OR NAME Henry Hartman (Son)		ADDRESS Tipton, Missouri	
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) Cardiac Insufficiency - Heart ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchitis DUE TO (c) Anemia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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 Feb 9 , 1951, to March 3 , 1951, that I last saw the deceased alive on March 3 , 1951, and that death occurred at 2:30 P m., from the causes and on the date stated above.			
23a. SIGNATURE Dr. J. H. Hubert M.D.		23b. ADDRESS Tipton, Mo	
23c. DATE SIGNED 3-5-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/5/1951	
24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery		24d. LOCATION (City, town, or county) (State) Tipton Missouri	
DATE REC'D BY LOCAL REG. Mar. 6, 1951		REGISTRAR'S SIGNATURE Mrs. Maude Hudson	
FUNERAL DIRECTOR'S SIGNATURE James E. Richard		ADDRESS Tipton, Mo	

RECEIVED 3-13-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 3-13-51

APR 3 1951

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 Jessie E. Richards
Licensed Embalmer No. 2466
P. O. Address Lepton, 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.