

124 71 0018625

CERTIFICATE OF DEATH

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 251

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/70

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| DECEASED—NAME FIRST MIDDLE LAST | | SEX | DATE OF DEATH (MONTH, DAY, YEAR) |
| 1. WILLIAM HARTMAN | | male | 3. June 4, 1971 |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) | AGE—LAST BIRTHDAY (YEARS) | UNDER 1 YEAR | DATE OF BIRTH (MONTH, DAY, YEAR) |
| 4. white | 5a. 92 | 5b. 8 7 | Nov. 11, 1878 |
| CITY, TOWN, OR LOCATION OF DEATH | INSIDE CITY LIMITS (SPECIFY YES OR NO) | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) | COUNTY OF DEATH |
| 7b. Jefferson City | 7c. yes | 7d. Chas E. Still Hospital | 7a. Cole |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) | CITIZEN OF WHAT COUNTRY | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) |
| 8. Germany | 9. U.S.A. | 10. married | 11. Mary Eicher |
| SOCIAL SECURITY NUMBER | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) | KIND OF BUSINESS OR INDUSTRY | |
| 12. 488-42-8684A | 13a. Farmer | 13b. General | |
| RESIDENCE—STATE | COUNTY | CITY, TOWN, OR LOCATION | INSIDE CITY LIMITS (SPECIFY YES OR NO) |
| 14a. Mo. | 14b. Moniteau | 14c. California | 14d. no |
| FATHER—NAME FIRST MIDDLE LAST | | MOTHER—MAIDEN NAME FIRST MIDDLE LAST | |
| 15. Phillip Hartman | | 16. Elizabeth Roxall | |
| INFORMANT—NAME | | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | |
| 17a. Truman Hartman | | 17b. R.F.D., California, Mo. 65018 | |
| PART I. DEATH WAS CAUSED BY: | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| 18. IMMEDIATE CAUSE | | | |
| (a) Ventricular Fibrillation | | 5 min | |
| (b) Myocardial infarction | | 5 min | |
| (c) Coronary atherosclerosis | | Years | |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) | | AUTOPSY (YES OR NO) 19a. NO | |
| Generalized arteriosclerosis | | IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. | |
| ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) | DATE OF INJURY (MONTH, DAY, YEAR) | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) | |
| 20a. | 20b. | 20c. | |
| INJURY AT WORK (SPECIFY YES OR NO) | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) | LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) | IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. |
| 20a. | 20f. | 20g. | |
| CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM | MONTH DAY YEAR | AND LAST SAW HIM/HER ALIVE ON | 1 DID/DID NOT VIEW THE BODY (AFTER DEATH) |
| 21a. 5-21-71 | 21b. 6-4-71 | 21c. | 21d. Did not |
| CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. | HOUR OF DEATH | THE DECEDENT WAS PRONOUNCED DEAD | DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. |
| 22a. 6:00 PM | 22b. 6:00 PM | 22c. | 22d. 6:00 PM |
| CERTIFIER NAME (TYPE OR PRINT) | SIGNATURE | DATE SIGNED (MONTH, DAY, YEAR) | |
| 23a. R. Strong | 23b. | 23c. 6-7-71 | |
| MAILING ADDRESS—CERTIFIER | STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP | | |
| 23a. 420 E. High | 23b. Jefferson City, Mo. 65101 | | |
| BURIAL, CREMATION, REMOVAL (SPECIFY) | CEMETERY OR CREMATORY—NAME | LOCATION | CITY OR TOWN STATE |
| 24a. burial | 24b. Evangelical | 24c. California, Mo. | |
| DATE (MONTH, DAY, YEAR) | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | |
| 24a. June 8, 1971 | 24b. Wilson Funeral Home, 102 S. Oak, California, Mo. | | |
| FUNERAL DIRECTOR—SIGNATURE | REGISTERED—SIGNATURE | DATE RECEIVED BY LOCAL REGISTRAR | |
| 25a. A.E. Wachen | 25b. Norma Miller | 25c. 6-14-71 | |

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

60680

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

9. 0
10a. 92
10b.
11. 2
12. 1
13. 4109
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 1-0

JUN 17 1971

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 A. E. Wilson

Licensed Embalmer No. 2351

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.