

FILED MAR 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8171

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HENRY</u> 112	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u> 2	
c. LENGTH OF STAY (In this place) <u>20 YEAR</u>		d. STREET ADDRESS (If rural, give location) <u>518 S. ORCHARD ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>518 S. ORCHARD ST.</u>		d. STREET ADDRESS (If rural, give location) <u>518 S. ORCHARD ST.</u>	

3. NAME OF DECEASED. (Type or Print) a. (First) <u>MARJORIE</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>HARTLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 16, 1949</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>SEPTEMBER 4, 1894</u>		9. AGE (In years last birthday) <u>55</u>		10. IF UNDER 1 YEAR: Days <u>6</u> Hours <u>12</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>LINCOLN, MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>UNITED STATES</u>					

13a. FATHER'S NAME <u>ABRAHAM L. PARKER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY R. ENGLISH</u>		14. NAME OF HUSBAND OR WIFE <u>CORNELIUS N. HARTLE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>498-22-8454</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cornelius N. Hartle</u> ADDRESS _____	

18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Phenobarbital poisoning</u>		DUE TO (b) _____			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>E970B</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE <u>SUICIDE</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 April, 1948, to Mar, 1949, that I last saw the deceased alive on 14 Mar, 1949, and that death occurred at 3 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Hugh B. Walker, M.D. Coroner</u>		23b. ADDRESS <u>Clinton, Mo</u>		23c. DATE SIGNED <u>17 Mar 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-19-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery Clinton Mo.</u>	
24d. LOCATION (City, town, or county) (State)		24e. NAME OF CEMETERY OR CREMATORY		24f. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>Mar 17-49</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u> 425		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. L. Kausant</u> ADDRESS <u>Clinton, Mo</u>	

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

RECEIVED

District Health Officer No. 7,

District File Number 2-49-264

Date Filed 3-21-49

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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 W. A. Sansant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.