

FILED JUN 7 1949

STANDARD CERTIFICATE OF DEATH

15112

State File No. ....

BIRTH NO. ... REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cape Gir. Mo.</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>( )</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Cape Girardeau Mo</i>	
c. LENGTH OF STAY (in this place) <i>3 days</i>		d. STREET ADDRESS (If rural, give location) <i>1800 South Spruce</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Francis Hospital</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>GIYNN</i> b. (Middle) <i>W</i> c. (Last) <i>HARTLE</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>May 27-1949</i>		
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married 1</i>	
8. DATE OF BIRTH <i>Dec 2-1913</i>		9. AGE (In years last birthday) <i>35</i>		10. IF UNDER 1 YEAR Months <i>5</i> Days <i>25</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Accounting &amp; clerical</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>		11. BIRTHPLACE (State or foreign country) <i>Cape Girardeau Mo</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>					

13a. FATHER'S NAME <i>David Hartle</i>		13b. MOTHER'S MAIDEN NAME <i>May Fisher</i>		14. NAME OF HUSBAND OR WIFE <i>Helen</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Miss Helen Herte</i> ADDRESS <i>Cape Girardeau</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic hepatitis</i>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		5810	

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) (Min)		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 *June 3, 1948*, to *May 27, 1949*, that I last saw the deceased alive on *May 27, 1949*, and that death occurred at *4:45 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Charles F. Wilson M.D.</i>		23b. ADDRESS <i>717 Broadway Cape Girardeau Mo</i>		23c. DATE SIGNED <i>5-28-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>5/29/49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Tourment</i>	
		24d. LOCATION (City, town, or county) (State) <i>Cape Girardeau Mo</i>			
DATE REC'D BY LOCAL REG <i>5-31-1949</i>		REGISTRAR'S SIGNATURE <i>G.C. Summers</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Joe Howell</i> ADDRESS <i>Cape Girardeau</i>	

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

RECEIVED

State Health Officer  
License Number 649-75  
6-6-49

MAY 2 1958

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. H. Estes*

Licensed Embalmer No. *3568*

P. O. Address *App. Lee 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.