

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 17 1949

State File No. 18790

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 197

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Syre Cnle</u>	
c. LENGTH OF STAY (in this place) <u>44:37m, 23s</u>		d. STREET ADDRESS (If rural, give location) <u>Unit</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 7</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Chalmers</u>	b. (Middle) <u>-</u>	c. (Last) <u>Hartman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 6 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Dec 20, 1859</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u>16</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Morgan County</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Unit</u>	13b. MOTHER'S MAIDEN NAME <u>Unit</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unit</u>	16. SOCIAL SECURITY NO. <u>Unit</u>	17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital</u>	ADDRESS <u>NOT Fulton, Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Psychosis</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>204 X</u>
	ANTECEDENT CAUSES Morbidity 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July, 1947, to 6 June, 1949, that I last saw the deceased alive on 5 June, 1949, and that death occurred at 1:05 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. S. Warriet M.D.</u>	23b. ADDRESS <u>Fulton, Mo</u>	23c. DATE SIGNED <u>6 June 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>June 8-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>anatomical Bldg Columbia</u>	24d. LOCATION (City, town, or county) (State) <u>MO</u>
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DATE REC'D BY LOCAL REG. <u>June 8-1949</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	426	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. O. Roberts</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed JUN 16 1949

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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.

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.