

FILED MAR 15 1950

STANDARD CERTIFICATE OF DEATH

State File No. 4304

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>57</u>	
1. PLACE OF DEATH a. COUNTY <u>COLE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>			
b. CITY, <u>JEFFERSON CITY</u> , and give OR TOWN (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (in this place) <u>4 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>JEFFERSON CITY</u>		d. STREET ADDRESS (If rural, give location) <u>2216 CAPITOL AVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2216 CAPITOL AVE</u>				d. STREET ADDRESS (If rural, give location) <u>2216 CAPITOL AVE</u>			
3. NAME OF DECEASED a. (First) <u>HENRY</u> (Type or Print)			b. (Middle) <u>(NMI)</u>		c. (Last) <u>HARTMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 6 1950</u>
5. SEX <u>MALE</u>	6. COLOR OF RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>		8. DATE OF BIRTH <u>APR. 8, 1888</u>	9. AGE (In years last birthday) <u>61</u>	10. MONTH <u>10</u>	11. DAY <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GUARD</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PENAL</u>		11. BIRTHPLACE (State or foreign country) <u>Osage City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN HARTMAN</u>			13b. MOTHER'S MAIDEN NAME <u>Margie Hartman</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Mae Hartman</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>YES WORLDWARI</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bessie Hartman</u> ADDRESS <u>_____</u>		
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown</u> DUE TO (c) <u>Unknown</u> 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"/>		
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 <u>Dead when I arrived</u> , 19 <u>50</u> , that I last saw the deceased alive on _____, 19 <u>50</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. Leslie M.D.</u>				23b. ADDRESS <u>Jefferson City Mo</u>		23c. DATE SIGNED <u>3-7-50</u>	
24a. BURIAL OR CREMATION (Specify) <u>11</u>		24b. DATE <u>9 MAR. 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL</u>		24d. LOCATION (City, town, or county) (State) <u>JEFF. CITY, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>March 7-50</u>		REGISTRAR'S SIGNATURE <u>R.P. Harrison - M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Tanner Carr</u>		ADDRESS <u>Jemo</u>	

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

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MAR 17 1950

District File Number.....

District Health Officer No. 9,

RECEIVED MAR 10 1950

MAR 27 1950

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.

Student
Student Embalmer

Signed *Paul V. Freeman*

Licensed Embalmer No. *4623*

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.