

No. 30  
10.48

FILED MAR 1 1950

STANDARD CERTIFICATE OF DEATH

State File No. 5417

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. #546

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MARION</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hannibal</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>MONROE CITY</b>	
c. LENGTH OF STAY (in this place) <b>11 Days</b>		0640	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. ELIZABETH HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>725 B. STANTON AVE.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>HARRIET</b>	b. (Middle) <b>LYON</b>	c. (Last) <b>GARTNER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>FEBRUARY 13 1950</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>APRIL 8-1871</b>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>78 10 5</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TELEGRAPH OPERATOR</b>	11. BIRTHPLACE (State or foreign country) <b>Monroe City Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>James B. LYON</b>	13b. MOTHER'S MAIDEN NAME <b>ELLA LOWE</b>	14. NAME OF HUSBAND OR WIFE <b>Theodore G. Gartner</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>J. L. Gartner</b>	ADDRESS <b>704 Hemmady Bldg Tulsa Ok</b>
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hyper Tension</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>Feb 2, 1950</b>  <b>231X</b>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 **Feb 2, 1950**, to **Feb. 13, 1950**, that I last saw the deceased alive on **Feb. 13, 1950**, and that death occurred at **9:30 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>George Hapson</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>Monroe City, Mo</b>	23c. DATE SIGNED <b>2-14-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2/14-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Johns Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Monroe City Missouri</b>
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DATE REC'D BY LOCAL REG. <b>2-15-50</b>	REGISTRAR'S SIGNATURE <b>Dr. E. M. Lucko</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>WILSON &amp; SON'S</b>	ADDRESS <b>Monroe City Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 3 1050

RECEIVED FEB 24 1950  
HEALTH DEPT.  
DATE FILED FEB 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 M.E.

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.