

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13655

BIRTH NO. 15972-50 REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY BARRY 0050	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JENKINS R-1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Aurora Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Larry b. (Middle) Ray c. (Last) Hartin			4. DATE OF DEATH (Month) (Day) (Year) March 26-1950		
5. SEX MO		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	
8. DATE OF BIRTH MARCH 25-1950		9. AGE (In Years last birthday) MO		10. IF BORN 1 YEAR 0 1 DAY 0 1 HOUR 0 1 MIN. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) INDIA	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME MONTGOMERY Hartin		13b. MOTHER'S MAIDEN NAME JESSIE CLEMENGER		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME MONTGOMERY Hartin ADDRESS JENKINS R-1	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) congenital heart disease		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) congenital heart disease		INTERVAL BETWEEN ONSET AND DEATH 7544	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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. cleft palate, left - Deformity, c dislocation, father's injury.					

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 **March 25, 1950**, to **March 26, 1950**, that I last saw the deceased alive on **March 26, 1950**, and that death occurred at **12:35 pm.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. L. Marshall Crane, M.D. (Degree or title)		23b. ADDRESS Crane, Mo.		23c. DATE SIGNED 3-28-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3/27/50		24c. NAME OF CEMETERY OR CREMATORY Hullon	
				24d. LOCATION (City, town, or county) (State) Crane Route (Mo)	

DATE REC'D BY LOCAL REG. Apr. 1-50		REGISTRAR'S SIGNATURE Oran Mc Natt '57		25. FUNERAL DIRECTOR'S SIGNATURE Dr. L. Marshall Crane ADDRESS Crane Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

51
0

RECEIVED APR 7 1950

District Health Office No. 6,

District File Number 450-487

Date Filed 4-20-50

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 _____

was not embalmed

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Charles L. Marsh

Licensed Embalmer No. _____

3812

P. O. Address _____

Quinn Md

Signed _____
Student Embalmer

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.