

FILED SEP 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30447
3827

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence | |
| c. LENGTH OF STAY (In this place) non resident | | d. STREET ADDRESS (If rural, give location) 1122 North River | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 300 West 20th Street | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Donald | | b. (Middle) L. | |
| c. (Last) HARTSELL | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 7, 1950 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH June 22, 1898 |
| 9. AGE (In years last birthday) 52 | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic | | 10b. KIND OF BUSINESS OR INDUSTRY Own Garage | 11. BIRTHPLACE (State or foreign country) Indianapolis, Indiana |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Lawrence Hartsell | |
| 13b. MOTHER'S MAIDEN NAME Mary Hemus | | 14. NAME OF HUSBAND OR WIFE Hazel Hartsell | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. 486-01-9863 | |
| 17. INFORMANT'S SIGNATURE OR NAME Mrs. Hazel Hartsell | | ADDRESS 1122 N. River, Indep. Mo. | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease | | INTERVAL BETWEEN ONSET AND DEATH 4 years | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, Essential | | 4 years | |
| DUE TO (c) Coronary Arteriosclerosis | | 4 2/3 | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Slightly Arteriosclerotic | | 1 year | |
| 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) Jackson Missouri 9990 | |
| 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 Feb. 6, 1946 , to Sept 7, 1950 , that I last saw the deceased alive on Aug 21, 1950 , and that death occurred at 7:48 p.m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE J. Stanley Morest (Degree or title) | | 23b. ADDRESS 1512 Professional Bldg. | |
| 23c. DATE SIGNED 9-8-50 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 9-9-50 | 24c. NAME OF CEMETERY OR CREMATORY Mount Moriah | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
| DATE REC'D BY LOCAL REG. 9-8-50 | REGISTRAR'S SIGNATURE Seraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar, Kansas City, Mo. | |

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

Dr. Atkinson H. Myerson
 1512 Prof. Bldg.
 After 10:30 Friday

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

JAMES P. MCGILLEY JR.

working under my personal supervision.

Student Embalmer No. 366

Signed James P. McGilley Jr.
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 2999

P. O. Address [Signature]

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.