

5. No. 300  
EV. 10. 48

FILED NOV 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32897

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BIRTH NO.		REG. DIST. NO. 52		PRIMARY REG. DIST. NO. 5184		Registrar's No. 51			
1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cape Girardeau</i>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural-Whitewater</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>2160 Rural-Whitewater</i>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>2 miles N.W. Miller'sville</i>				d. STREET ADDRESS (If rural, give location) <i>2-mile N.W. Miller'sville</i>					
3. NAME OF DECEASED (Type or Print) a. (First) <i>SUSAN</i> b. (Middle) <i>NISWONGER</i> c. (Last) <i>HARTLE</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Oct 20, 1950</i>						
5. SEX <i>Female</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>		8. DATE OF BIRTH <i>Sept 11, 1853</i>			
9. AGE (in years last birthday) <i>97</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeper</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>near Miller'sville Mo</i>			
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Joseph Niswonger</i>		13b. MOTHER'S MAIDEN NAME <i>Barbara Hahn</i>			
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		13c. NAME OF HUSBAND OR WIFE <i>Jefferson Hartle</i>					
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		15. SOCIAL SECURITY NO. <i>None</i>		16. INFORMANT'S SIGNATURE OR NAME <i>Louis Niswonger</i>		17. ADDRESS <i>St Louis Mo</i>			
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cervical Carcinoma Scalp</i>				DUPLICATE				<i>5 yrs</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Heart Disease</i>									
DUE TO (c)									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>None</i>								<i>191X</i>	
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 <i>April 13, 1949</i> , to <i>Oct 20, 1950</i> , that I last saw the deceased alive on <i>July</i> , 19 <i>50</i> , and that death occurred at <i>5 P</i> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>D. S. Schubert M.D.</i>				23b. ADDRESS <i>Jefferson 700</i>		23c. DATE SIGNED <i>10-20-50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>Oct 22, 1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Niswonger</i>		24d. LOCATION (City, town, or county) (State) <i>near Miller'sville Mo</i>			
DATE REC'D BY LOCAL REG. <i>Oct 22, 1950</i>		REGISTRAR'S SIGNATURE <i>D. S. Schubert</i>		FUNERAL DIRECTOR'S SIGNATURE <i>W. H. Kelly</i>		ADDRESS <i>Jackson</i>			

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

**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.

Student .....  
Student Embalmer

Signed *Lyman Steele*  
Licensed Embalmer No. 2476  
P. O. Address *Jackson*

**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.