

THE DIVISION OF HEALTH OF MISSOURI
FILED NOV 9 1950 STANDARD CERTIFICATE OF DEATH

33874

State File No.

BIRTH NO. 66206-50 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 496

0495
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> <u>049.0</u>	
c. LENGTH OF STAY (In this place) <u>5 days</u>		d. STREET ADDRESS <u>4 1/2 NW of Joplin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hosp. Joplin, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert Wayne</u> b. (Middle) <u>Wayne</u> c. (Last) <u>Hartje, Jr.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 27, 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never mar.</u>	8. DATE OF BIRTH <u>October 22, '50</u>	9. AGE (In years last birthday) <u>5</u>	# UNDER 1 YEAR Months <u>5</u>	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Freeman Hosp. Joplin, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Robt. W. Hartje</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Triplett</u>	14. NAME OF HUSBAND OR WIFE
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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) <u>NO</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Robt. J. Hartje</u>	ADDRESS <u>Joplin, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain haemorrhage</u>		
	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.		<u>1600</u>	

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) (m.)	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 10-26, 1950, to 10-27, 1950, that I last saw the deceased alive on 10-27, 1950, and that death occurred at 2:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John B. Sutphin</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Finco Bldg Joplin, Missouri</u>	23c. DATE SIGNED <u>10-30-50</u>
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24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/29/50</u>	24c. NAME OF CEMETERY OR OCEMATORY <u>Burkhart Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Racine, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-2-50</u>	REGISTRAR'S SIGNATURE <u>Ed. J. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. ...</u>	ADDRESS <u>Seneca Mo</u>
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RECEIVED 11-6-50
Jasper County Health Office

County File Number 50/10/812

Date Filed 11-8-50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *W E Biddlecome*

Licensed Embalmer No. 2174

P. O. Address. Seneca 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.