No. 300
10-48

FILED NOV 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39626

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 108

1080
2

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

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Washington Twp.
c. LENGTH OF STAY (in this place): 8 yr 5 m 4 d
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital #3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3128 1
d. STREET ADDRESS (If rural, give location): 1125 Grand ave.

3. NAME OF DECEASED (Type or Print): a. (First) Milo b. (Middle) — c. (Last) Hartman

4. DATE OF DEATH (Month) 11 (Day) 11 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: 3-28-1878
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 9, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician
10b. KIND OF BUSINESS OR INDUSTRY: Medical
11. BIRTHPLACE (State or foreign country): Kansas 1
12. CITIZEN OF WHAT COUNTRY? Jackson U.S.A.

13a. FATHER'S NAME: Samuel B. Hartman
13b. MOTHER'S MAIDEN NAME: Luella Wesel
14. NAME OF HUSBAND OR WIFE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Eugene B Hartman — ADDRESS: 3301 Renick St St Joseph 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND 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. 4200

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-1-, 1946, *to* 11-11-, 1950, *that I last saw the deceased alive on* 11-10-, 1950 *and that death occurred at* 2054 *m., from the causes and on the date stated above.*

23a. SIGNATURE: J R Bunch M.D. (Degree or title)
23b. ADDRESS: State Hospital #3
23c. DATE SIGNED: 11-11-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-14-50
24c. NAME OF CEMETERY OR CREMATORY: State Hospital Cem
24d. LOCATION (City, town, or county) (State): Nevada Mo

DATE REC'D BY LOCAL REG.: Nov. 13-50
REGISTRAR'S SIGNATURE: Kathryn H. Yancey 33
25. FUNERAL DIRECTOR'S SIGNATURE: Ferry Funeral Home — ADDRESS: Nevada, Mo

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 20 1950

Dist. File 1/50-2339

Date Filed 11/29/50

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 [illegible]

Licensed Embalmer No. 1750

P. O. Address Miranda, 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.