5. No. 300
. 10.48

680
1

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

FILED MAR 14 1951

STANDARD CERTIFICATE OF DEATH

State File No. 5418

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 5797 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Moniteau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Willow Fork
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3, Miles South Tipton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Moniteau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Willow Fork 6607
d. STREET ADDRESS (If rural, give location): 3 Miles South Tipton

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

4. DATE OF DEATH (Month) (Day) (Year): March, 3rd, 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: January, 20, 1858
9. AGE (In years last birthday): 93 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Stockman
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Tipton, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Henry Hartman
13b. MOTHER'S MAIDEN NAME: Jospehine Veuleman
14. NAME OF HUSBAND OR WIFE: Dead
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 — ADDRESS: Henry Hartman (Son) Tipton, Missouri

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) Cardiac Insufficiency - Hemorr. — 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) Bronchitis — 1 Day
DUE TO (c) Anemia — Many yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 293X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) 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* Feb 9, 1951, *to* March 3, 1951, *that I last saw the deceased alive on* March 3, 1951, *and that death occurred at* 2:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. C. J. Lockhart M.D.
23b. ADDRESS: Tipton, Mo
23c. DATE SIGNED: 3-5-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/5/1951
24c. NAME OF CEMETERY OR CREMATORY: Catholic Cemetery
24d. LOCATION (City, town, or county) (State): Tipton, Missouri

DATE REC'D BY LOCAL REG.: Mar. 6, 1951
REGISTRAR'S SIGNATURE: Mrs. Maude Hudson 203
FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Frances E. Richards Tipton, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-13-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 3-13-51

APR 3 1951

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~~ _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed James E. Richards

Licensed Embalmer No. 2466

P. O. Address Lipton 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.