

FILED APR 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7431

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vandalia	c. LENGTH OF STAY (In this place) 18 3/4 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vandalia	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 713 East Washington		d. STREET ADDRESS (If rural, give location) 713 East Washington	

3. NAME OF DECEASED (Type or Print)	a. (First) Frances	b. (Middle) Louise	c. (Last) Hartung	4. DATE OF DEATH (Month) (Day) (Year) March 28, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec 13, 1886	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Days 3	IF UNDER 6 HRS. Hours 15	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Audrain County, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Buford Clay Jewell	13b. MOTHER'S MAIDEN NAME Chloe Ann Wilcox	14. NAME OF HUSBAND OR WIFE Chris A. Hartung
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO 487-180-146	17. INFORMANT'S SIGNATURE OR NAME Chris A. Hartung	ADDRESS Vandalia, Missouri
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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, asthenia, 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) Pulmonary Edema		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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 (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 3/28, 1951, to 3/28, 1951, that I last saw the deceased alive on 3/28, 1951, and that death occurred at 8:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE W. H. Bland M.D.	(Degree or title)	23b. ADDRESS Vandalia Mo.	23c. DATE SIGNED 3/29/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 31, 1951	24c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery	24d. LOCATION (City, town, or county) (State) Vandalia, Missouri
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DATE REC'D BY LOCAL REG. March 31 1951	REGISTRAR'S SIGNATURE Nellie Fugus	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Waters	ADDRESS Vandalia, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

2041

004

4222

Date Received: **APR 3 1951**  
DISTRICT HEALTH OFFICE #2  
District File Number **4-57-63**  
Date Filed: **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 Mrs. B. Waters

Signed.....  
Student Embalmer

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.**