

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34000

State File No. ....

FILED NOV 10 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 148

1. PLACE OF DEATH  
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-Prairie Twp. c. LENGTH OF STAY (In this place) 5 yr.

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - Prairie Twp. 0480

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3 mi. S.W. of Lee's Summit

d. STREET ADDRESS (If rural, give location) 3 mi S.W. of Lee's Summit, Mo.

3. NAME OF DECEASED  
a. (First) CHARLES b. (Middle) HENRY c. (Last) HARTMAN

4. DATE OF DEATH (Month) (Day) (Year) Oct. 27, 1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Nov. 5, 1872

9. AGE (In years last birthday) 78

IF UNDER 1 YEAR Months Days IF UNDER 48 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nursebymen

10b. KIND OF BUSINESS OR INDUSTRY Nursery

11. BIRTHPLACE (State or foreign country) HUNTING CO. PA.

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Minnie Hartman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. (If yes, give war or dates of service) No.

17. INFORMANT'S SIGNATURE OR NAME None

ADDRESS Minnie Hartman, Lee's Summit, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cardiac failure  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Coronary arteriosclerosis severe  
DUE TO (c) Generalized arteriosclerosis  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
3 days  
year  
year

19a. DATE OF OPERATION no

19b. MAJOR FINDINGS OF OPERATION 331X

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)

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 1940 1946 to Oct 27, 1951, that I last saw the deceased alive on Oct 25, 1951 and that death occurred at 2 3/4 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John T. Skinner MD

23b. ADDRESS 25, C. MO

23c. DATE SIGNED 10/28/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct. 29, 1951

24c. NAME OF CEMETERY OR CREMATORY Lee's Summit,

24d. LOCATION (City, town, or county) (State) Lee's Summit, Mo.

DATE REC'D BY LOCAL REG. Oct. 29, 1951

REGISTRAR'S SIGNATURE Donald C. Eads

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS LANGSFORD FUNERAL HOME, Lee Summit, Mo.

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

480

NOV 7 RECD

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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 B Langford*

Licensed Embalmer No. 3833

P. O. Address Lee's Summit, 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.