FILED JAN 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42118

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 131

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

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington
c. LENGTH OF STAY (in this place): 8½ hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lexington Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Higginsville, Missouri. 0591 D
d. STREET ADDRESS (If rural, give location): 13 Hy & north St.

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): ------
c. (Last): Hartwig

4. DATE OF DEATH (Month) (Day) (Year): December Dec 25th 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single unmarried
8. DATE OF BIRTH: March 3rd 1882
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 9, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Miner and Farmer
10b. KIND OF BUSINESS OR INDUSTRY: hired worker
11. BIRTHPLACE (State or foreign country): Lafayette Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Rudolph Hartwig
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Not married

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 ADDRESS: Paul Hartwig Higginsville, 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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
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* 25 Dec, 1951, *to* one day, *that I last saw the deceased alive on* 25 Dec, 1951, *and that death occurred at* 8:05 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joe W. Ward Dmd
23b. ADDRESS: Lexington Mo
23c. DATE SIGNED: 29 Dec 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 27th 1951
24c. NAME OF CEMETERY OR CREMATORY: Brand
24d. LOCATION (City, town, or county) (State): Higginsville, Missouri

DATE REC'D BY LOCAL REG.: 12-29-51
REGISTRAR'S SIGNATURE: Minerva E. Eastabrooks 156
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: [signature] Higginsville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 2 1952
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed JAN 2 1952

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 [signature]

Licensed Embalmer No. 4269

P. O. Address Hyggensville Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.