

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 31 1952

BIRTH NO. _____		REG. DIST. NO. <u>6</u>		PRIMARY REG. DIST. NO. <u>3001</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Vandalia</u> )		c. LENGTH OF STAY (In this place) <u>All life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia</u>		004	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>506 East Highway</u>				d. STREET ADDRESS (If rural, give location) <u>506 East Highway</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Charles</u>		b. (Middle) <u>Thomas</u>		c. (Last) <u>Hartung</u>	
4. DATE OF DEATH (Month) <u>Jan</u> , (Day) <u>25</u> , (Year) <u>1952</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never</u>	
8. DATE OF BIRTH <u>Feb 4, 1942</u>		9. AGE (In years last birthday) <u>10</u>		If UNDER 1 YEAR: Month <u>1</u> , Days <u>21</u>		If UNDER 1 HR.: Hours <u>0</u> , Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Gen Hosp, Mexico, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	
13a. FATHER'S NAME <u>Clayton Hartung</u>		13b. MOTHER'S MAIDEN NAME <u>Eleanor Louney</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if of unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clayton Hartung, Vandalia, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Strangulation</u>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Strangulation</u>		ANTECEDENT CAUSES				DUE TO (b) <u>Acute Bronchitis + pharyngitis with Edema</u> <u>4 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Mild Hydrocephalus, Osteo deformans</u> <u>6 yrs.</u>	
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 <u>500X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan-1947</u> , 19 <u>47</u> , to <u>2/25</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2/25</u> , 19 <u>52</u> , and that death occurred at <u>8:00</u> p. m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J.M. Dougherty, M.D.</u>				23b. ADDRESS <u>Vandalia, Mo</u>		23c. DATE SIGNED <u>2/28/52</u>	
24a. BURIAL, CREMATION, OR REBURIAL (Specify) <u>A</u>		24b. DATE <u>Jan 28, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan 28 1952</u>		REGISTRAR'S SIGNATURE <u>Malcolm Fugard</u>		FUNERAL DIRECTOR'S SIGNATURE <u>G. W. Waters</u>		ADDRESS <u>Vandalia, Missouri</u>	

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

**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 Wm. B. Status

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.