

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7839**

FILED MAR 31 1952

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **30**

277
0

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

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) Boonville		c. LENGTH OF STAY (in this place) 2 Months	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		c. CITY (If outside corporate limits, write RURAL and give township) Boonville 0272	
		d. STREET ADDRESS (If rural, give location) 912 Pendleton Ave.	
3. NAME OF DECEASED a. (First) Edward b. (Middle) M c. (Last) Hartman			4. DATE OF DEATH (Month) (Day) (Year) March 22 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 2" 1873
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yard Clerk		10b. KIND OF BUSINESS OR INDUSTRY B. & O; RR.	11. BIRTHPLACE (State or foreign country) Vincennes, Indiana
		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Hartman		13b. MOTHER'S MAIDEN NAME Mary Knarr	14. NAME OF HUSBAND OR WIFE Catherine Anna Neiman,
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ?? (If yes, give year or date of service) ??		16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jack Neece, Boonville, Missouri.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Rectum		INTERVAL BETWEEN ONSET AND DEATH 2700.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 154X	
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) m.	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 June 1951 , to 3/22 1952 , that I last saw the deceased alive on 3/21 1952 , and that death occurred at 12:25P.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M L Decker M.D.		23b. ADDRESS Boonville Mo	23c. DATE SIGNED 3/22/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 24/1952	24c. NAME OF CEMETERY OR CREMATORY Laurel Oak	24d. LOCATION (City, town, or county) (State) Windsor, Missouri.
DATE REC'D BY LOCAL REG. 3-23-52		REGISTRAR'S SIGNATURE D Cooper 381	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo.

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 J. A. Goodman

Licensed Embalmer No. 1178

P. O. Address Roosville, 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.