

FILED MAY 19 1952

STANDARD CERTIFICATE OF DEATH

State File No. **17602**

BIRTH NO. _____ REG. DIST. NO. **299** PRIMARY REG. DIST. NO. **6023** Registrar's No. **6**

0900
1
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Black River		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Black River 0900	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 mi. west of Black		d. STREET ADDRESS (If rural, give location) 6 mi. west of Black 0	

3. NAME OF DECEASED (Type or Print) a. (First) ULYSSES b. (Middle) GRANT c. (Last) HARTZELL			4. DATE OF DEATH (Month) (Day) (Year) May 5 1952			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Mar. 4 1864	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Days 2	IF UNDER 24 HRS. Hours 5 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Penna		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jim Hartzell		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Stacy Hartzell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Coy Moyer, Black 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Regurgitation		unknown
	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		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 4211	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **April 10 1952**, to **May 5, 1952**, that I last saw the deceased alive on **May 3, 1952**, and that death occurred at **10:25 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. M. Fitzpatrick MD.		23b. ADDRESS Lester ville Mo		23c. DATE SIGNED 5/13/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5-11-52		24c. NAME OF CEMETERY OR CREMATORY Harbison Cem.	
		24d. LOCATION (City, town, or county) (State) Banner Mo			

DATE REC'D BY LOCAL REG. 5/13/52		REGISTRAR'S SIGNATURE E. M. Fitzpatrick		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Iron ton Mo.	
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed Prinil G. Pate

Signed.....
Student Embalmer

Licensed Embalmer No. 3012

P. O. Address Clinton, Miss

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.