

JUL 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20979

State File No.

BIRTH NO. REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 2032 Registrar's No. 85

512
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Johnson.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Johnson.	
b. CITY (If outside corporate limits, write RURAL and give township) Warrensburg	c. LENGTH OF STAY (in this place) 19yrs	c. CITY (If outside corporate limits, write RURAL and give township) Warrensburg. 0512	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION home 136 W. Culton St.		d. STREET ADDRESS (If rural, give location) 136, W. Culton St.	

3. NAME OF DECEASED (Type or Print) John.	a. (First) John.	b. (Middle) Joseph	c. (Last) Hartl.	4. DATE OF DEATH June. 25, 1952.
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 13, April, 1898	9. AGE (In years last birthday) 54	if UNDER 1 YEAR Months	if UNDER 1 YEAR Days	if UNDER 1 MRS. Hours	if UNDER 1 MRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store keeper	10b. KIND OF BUSINESS OR INDUSTRY Corp. Light Co.	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Peter Hartl.	13b. MOTHER'S MAIDEN NAME Agness Ledvina.	14. NAME OF HUSBAND OR WIFE Kathryn Hartl.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W. W. I.	16. SOCIAL SECURITY NO. 492-14-4205	17. INFORMANT'S SIGNATURE OR NAME Kathryn Hartl, Warrensburg, MO.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3-4 hrs.
	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 checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Feb. 1952, to June 21, 1952, that I last saw the deceased alive on June 21, 1952, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE James Hollenbeck M.D.	(Degree or title)	23b. ADDRESS Warrensburg	23c. DATE SIGNED 6/27/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 27, June, 1952	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill.	24d. LOCATION (City, town, or county) (State) Warrensburg. MO.
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DATE REC'D BY LOCAL REG. June 27, 1952	REGISTRAR'S SIGNATURE Davannah Ditchfield	25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips.	ADDRESS Warrensburg, MO.
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RECEIVED
JUL 1 1952
JOHNSON COUNTY HEALTH DEPT.

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 *R Q Phillips*

Signed.....
Student Embalmer

Licensed Embalmer No. *2320*

P. O. Address *Warrensburg, 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.