

FILED AUG 6 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23586**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **3002** Registrar's No. **7879**

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

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY OR TOWN <b>Butler</b>	c. LENGTH OF STAY (in this place) <b>27 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Adrian</b> <b>0070</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Butler Memorial Hosp</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>George Washington</b> b. (Middle) <b>Hartsell</b> c. (Last) <b>Hartsell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 29 1952</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Wid</b>	8. DATE OF BIRTH <b>May 22-1884</b>	9. AGE (In years last birthday) <b>68</b>	10. UNDER 1 YEAR <b>2</b>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Ret Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Bates County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>William A. Hartsell</b>	13b. MOTHER'S MAIDEN NAME <b>Mollie Byler</b>	14. NAME OF HUSBAND OR WIFE <b>Bertha Hartsell</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>David Hartsell</b> ADDRESS <b>Adrian Mo.</b>

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 <b>3 mo.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hepatitis - probably malignant</b>		
	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"/>
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) <b>1561</b>
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 **July 2, 1952**, to **July 28, 1952**, that I last saw the deceased alive on **July 28, 1952**, and that death occurred at **6:25 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. E. Robinson M.D.</b>	23b. ADDRESS <b>Adrian, Mo.</b>	23c. DATE SIGNED <b>7-29-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	24b. DATE <b>July 31-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet</b>
24d. LOCATION (City, town, or county) (State) <b>Adrian Mo.</b>		

DATE REC'D BY LOCAL REG. <b>July 30-52</b>	REGISTRAR'S SIGNATURE <b>Hendell Perry</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Lereath &amp; Son</b> ADDRESS <b>Adrian, Mo.</b>
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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.....  
Student Embalmer

Signed..... *Adrian M. [Signature]*

Licensed Embalmer No. 3650

P. O. Address Adrian M. [Signature]

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.