

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25409

State File No. 164

FILED JUL 21 1952

BIRTH NO. REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY Randolph <i>0883</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe <i>0690</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holliday <i>1</i>		
c. LENGTH OF STAY (in this place) <i>6/17/52 to 7/10/52</i>			d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION Wabash Employes' Hospital					

3. NAME OF DECEASED (Type or Print) a. (First) PERRY		b. (Middle) DALTON		c. (Last) HARTMAN		4. DATE OF DEATH (Month) (Day) (Year) July 10, 1952		
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5. SEX Male <i>0</i>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 27, 1873		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roadmaster-Retired			10b. KIND OF BUSINESS OR INDUSTRY road supervisor			11. BIRTHPLACE (State or foreign country) OHIO			12. CITIZEN OF WHAT COUNTRY?		
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13a. FATHER'S NAME CHAS. HENRY HARTMAN			13b. MOTHER'S MAIDEN NAME EAGGEN PATTON			14. NAME OF HUSBAND OR WIFE MARTHA E. BROOKS		
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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)		16. SOCIAL SECURITY NO. 702-05-9333		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS ROLLA JOHNSTON HOLLIDAY, MO.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular Disease						INTERVAL BETWEEN ONSET AND DEATH 30 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sen arteriosclerosis						yes	
		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 None		19b. MAJOR FINDINGS OF OPERATION 4221				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) (m.)		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 *6/17/52*, 19*52*, to *7/10/52*, 19*52*, that I last saw the deceased alive on *July 10, 1952*, and that death occurred at *1:12A* p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) O. M. D.		23b. ADDRESS 415 Woodland Avenue		23c. DATE SIGNED 7/10/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 7-12-52		24c. NAME OF CEMETERY OR CREMATORY Holliday		24d. LOCATION (City, town, or county) (State) Mo.	
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DATE REC'D BY LOCAL REG. 7-12-52		REGISTRAR'S SIGNATURE <i>[Signature]</i>		GENERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 18 1952

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 Fred C. Kemper

Licensed Embalmer No. 3282

P. O. Address Madison

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.