

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28780

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY Mercer			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Mercer		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <del>Was Princeton</del> Was Princeton		c. LENGTH OF STAY (in this place) 9 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Washington Twp. 1650		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION Axtell Hospital					

3. NAME OF DECEASED (Type or Print) a. (First) Clara b. (Middle) Hartsock c. (Last)			4. DATE OF DEATH Aug. 18-52 (Month) (Day) (Year)		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 16, 1886		9. AGE (in years last birthday) 66 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mercer Co. Mo. 6		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John F. Swift		13b. MOTHER'S MAIDEN NAME Sarah Jane Keith		14. NAME OF HUSBAND OR WIFE Marion Hartsock	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marion Hartsock Princeton, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia			DUE TO (b) cholecystectomy			5 days
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			DUE TO (c) biliary calculi			10 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						30 yrs.

19a. DATE OF OPERATION 8-13-52		19b. MAJOR FINDINGS OF OPERATION biliary calculi with adhesions			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)		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 Aug. 8, 1952, to 8-18, 1952, that I last saw the deceased alive on 8-18-1952, and that death occurred at 5:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Emerson J. Axtell, M.D.</i> (Degree or title) D.O.		23b. ADDRESS Princeton, Missouri		23c. DATE SIGNED 8-20-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-20-52		24c. NAME OF CEMETERY OR CREMATORY Princeton Ceme.	
24d. LOCATION (City, town, or county) Mercer Co. Mo.		24e. (State)			
DATE REC'D BY LOCAL REG. 8-27-52		REGISTRAR'S SIGNATURE <i>Paul Marshall</i> 393		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Martin Funeral Home Princeton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

650

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *John Martin*.....

Licensed Embalmer No. 3760.....

P. O. Address Princeton, MD.....

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.