

No. 38  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31074**

ED SEP 20 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **72** PRIMARY REG. DIST. NO. **0289** Registrar's No. **70**

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY <b>COOK</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>GASHLAND</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>CHICAGO</b>	
c. LENGTH OF STAY (in this place) <b>1 month</b>		d. STREET ADDRESS (If rural, give location) <b>5650 S. NATOMA</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RT. #1</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>BERTA</b> b. (Middle) <b>-</b> c. (Last) <b>HARTMANN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 8 1952</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JAN. 15 1878</b>	9. AGE (In years last birthday) <b>74</b>	10. MONTH <b>9</b>	11. DAY <b>26</b>	12. CITIZEN OF WHAT COUNTRY? <b>GERMANY</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>BUESINGER, GERMANY</b>		12. CITIZEN OF WHAT COUNTRY? <b>GERMANY</b>	

13a. FATHER'S NAME <b>ANDREAS VON OW</b>	13b. MOTHER'S MAIDEN NAME <b>MARIA VON OW</b>	14. NAME OF HUSBAND OR WIFE <b>ADAM HARTMANN</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Fred E. Hartmann son</b>	ADDRESS <b>-</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>8-12 mos.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ADENOCARCINOMA SIGMOID COLON</b>		
	ANTECEDENT CAUSES Morbidity 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. <b>Arteriosclerosis</b>		?	

19a. DATE OF OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION <b>-</b>	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) <b>153 X</b>
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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?
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22. I hereby certify that I attended the deceased from **8/29**, 1952, to **9/8**, 1952, that I last saw the deceased alive on **9/8**, 1952, and that death occurred at **10<sup>00</sup> P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. F. Edwards, Jr. D.O.</b>	23b. ADDRESS <b>2510 E. Union Rd. K.C. 16, Mo</b>	23c. DATE SIGNED <b>9/19/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Sept. 11-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Airy Cemetery, Altamont, Mo.</b>	24d. LOCATION (City, town, or county) (State) <b>Altamont, Mo.</b>
DATE REC'D BY LOCAL REG. <b>Sept 11 1952</b>	REGISTRAR'S SIGNATURE <b>Beulah Kitchener 63</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hope Funeral Home, Gallatin, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 25 1958

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.

Signed

*L. O. Fickerson*

Licensed Embalmer No. *3302*

P. O. Address

*Dallatin, Va*

Student .....  
Student Embalmer

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.