

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34344

State File No. _____

OCT 20 1952

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 345

0143

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Anderson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton Mo</u>	c. LENGTH OF STAY (in this place) <u>10 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sturgeon 2040</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 1</u>		d. STREET ADDRESS (If rural, give location) <u>Box 922</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lena</u>	b. (Middle)	c. (Last) <u>Hartshorne</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 14, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Apr 5, 1898</u>	9. AGE (in years last birthday) <u>54</u>	# UNDER 1 YEAR Months <u>5</u> Days <u>9</u>	# UNDER 100 Hrs. <u>9</u> Mins.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>grover Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>Wm Orsenschild</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Schette</u>	14. NAME OF HUSBAND OR WIFE <u>Geo H Hartshorne</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Geo H Hartshorne Sturgeon</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>right heart failure</u> 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 <u>592x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 Oct 4, 1952, to Oct 14, 1952, that I last saw the deceased alive on Oct 14, 1952, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. H. Dauter M.D.</u>	23b. ADDRESS <u>Fulton Mo</u>	23c. DATE SIGNED <u>Oct 14/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>OCT 14, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DR. STURGEON</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 18, 1952</u>	REGISTRAR'S SIGNATURE <u>Marilyn Lawrence</u> <u>425-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Maryann Funeral Home Fulton</u>
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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 *Wm. A. Stewart*

Licensed Embalmer No. 3122

P. O. Address *Quilley*

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.