

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35451

State File No. 8771
Registrar's No. 11107581

OCT 22 1952

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>5579</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Mineral</u>		c. LENGTH OF STAY (in this place) <u>3 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Butler</u>		d. STREET ADDRESS (If rural, give location) <u>116 So Fulton</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jasper Co TB Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>116 So Fulton</u>		
3. NAME OF DECEASED a. (First) <u>Minda</u> b. (Middle) <u>May</u> c. (Last) <u>Hartel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 15-1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>April-1875</u>	9. AGE (In years last birthday) <u>77</u>	10. IF UNDER 1 YEAR Days <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Doan</u>		13b. MOTHER'S MAIDEN NAME <u>Lara George</u>		14. NAME OF HUSBAND OR WIFE <u>George Hartel (de)</u>	
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.	17. INFORMANT'S SIGNATURE OR NAME <u>Records</u>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> 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.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>002X</u>
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 <u>9/22</u> , 19 <u>52</u> , to <u>10/15</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10/15</u> , 19 <u>52</u> , and that death occurred at <u>2:40</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Jesse E. Douglas</u>			23b. ADDRESS <u>Ms. Webb City</u>	23c. DATE SIGNED <u>10/15/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-18-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Butler, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>10/15 '52</u>	REGISTRAR'S SIGNATURE <u>Mrs. Madeline Sirtzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Underwood Funeral Service, Butler, Mo</u>		

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

RECEIVED 10-20-52
Jasper County Health Office

County File Number 52/10/808

Date Filed 10-20-52

APR 15 1953

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

Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, Mo

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.